HEALTHY RHODE ISLANDERS 2010

A BASELINE REPORT:

Leading Health Indicators by Race and Ethnicity

Rhode Island Department of Health
Center for Health Information and Communication

October 2003

TABLE OF CONTENTS

Acknowledgments:
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INTRODUCTION

Healthy Rhode Islanders 2010 (HRI 2010) is our state's health promotion and disease prevention plan for the next decade. HRI 2010 is based upon the nation's public health agenda for the next decade, Healthy People 2010 (HP 2010), and its two overarching goals:

- ♦Increase the quality and years of healthy life.
- ♦Eliminate health disparities.

In addition to the HP2010 overarching goals, the Rhode Island Department of Health (HEALTH) has also adopted the Ten Leading Health Indicators as the framework for Healthy Rhode Islanders 2010. HEALTH as adopted 28 objectives to measure the state's progress related to the Ten Leading Health Indicators (Appendix A lists the objectives). This framework provides a clear focus for tracking progress on the opportunities and achievements of disease prevention and health promotion in Rhode Island over the next decade.

After adopting the Healthy People 2010 framework, HEALTH began a process to adapt this framework for use in Rhode Island. The initial steps in the Healthy Rhode Islanders 2010 process were: identifying comparable state-level data sources, establishing baselines, and setting targets for each of the 28 objectives. These steps were the foundation for the next steps in the process.

Increasing Quality and Years of Healthy Life

HEALTH is committed to reaching the goal of increasing the quality and years of healthy life for all Rhode Islanders. HEALTH will continue working with the community to improve health and quality of life throughout the lifespan. Striving to keep Rhode Islanders safe and healthy through health promotion and disease prevention efforts is a commitment HEALTH has made to the people of our state.

Eliminating Health Disparities

HEALTH now embarks on the next step in the Healthy Rhode Islanders 2010 process by presenting the baseline data for each of the 28 objectives by race and ethnicity. HEALTH invites readers of this report to review and comment on its contents. In reviewing the baseline data presented by race and ethnicity, HEALTH is interested in getting feedback on any ideas, concerns, and experiences in addressing the elimination of health disparities among racial and ethnic groups in Rhode Island. HEALTH is actively pursuing ways of measuring disparity and welcomes any comments on possible measures of disparity as well. HEALTH will incorporate these comments into the final Healthy Rhode Islanders 2010 plan.

In order to assess and ultimately address the goal to eliminate health disparities, HEALTH will continue to work towards defining the measure of disparities. HEALTH will measure the differences that occur within each objective by gender, socioeconomic status, and disability status in addition to race and ethnicity. By continuing to assess each objective by these different segments of the population, HEALTH will measure and work towards eliminating health disparities over the next decade.

Summary & Scope

This report presents baseline data by race and ethnicity for Healthy Rhode Islanders 2010 Leading Health Indicators (LHIs) and the 28 objectives that will be used to measure progress towards 2010 targets.

This report is divided into three sections. The first section presents race and ethnicity data for each objective by LHI. Following is a section outlining objectives for which no baseline data currently exist. Finally is a section that lists objectives for which no race and ethnicity data are currently available.

Interpreting the Data

The Operational Definitions contain information regarding how each objective is measured for Rhode Island, including: data sources, type of measure, survey questions used, periodicity of data collection, and other data issues related to monitoring the objectives (see Appendix B).

The baseline data for each objective are presented in a chart. Each chart contains the available data for the total Rhode Island population, as well as the measurable racial/ethnic categories. In addition, data available for each objective by race and ethnicity are also provided. This report identifies the need for racial and ethnic data for many of the Healthy Rhode Islander 2010 objectives. This report also identifies the need to conduct statistical tests of significance to determine if the differences in rates are true differences or variability in the measurement tools applied to derive the statistic.

Data (when possible) are presented for the 5 racial and ethnic groups as defined by the Office of Management & Budget (OMB): American Indian/Alaska Native, Asian/Pacific Islander, Black (non-Hispanic), Hispanic, and White (non-Hispanic), as well as the total for Rhode Island.

Starting in 2003, Rhode Island will be implementing the new OMB standard and will collect, analyze and present data for the following racial/ethnic groups: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Hispanic or Latino.

Data need to be interpreted with care. Confidence intervals (i.e. margins of error) are not available for the data presented in this report. However, the larger the absolute differences, the more confidence we have that the differences are not due to sampling error, and may in fact be describing a potential

disparity. Future data will be presented with confidence intervals to better interpret the differences in rates among select groups, and make appropriate comparisons.

Additionally, the reader should note that the age distributions of particular racial and ethnic groups differ and may lead to distortion in the presentation and interpretation of these data. For some population groups, the age-adjusted rates may vary considerably from the crude rates in this report because many of the objectives have outcomes or behaviors that vary by age. For example, the Hispanic population has a younger age distribution than the standard population. Without adjusting for age, the rates for objectives that have outcomes or behaviors that are generally more frequent among the older population are more likely to be low among the Hispanic population. Only the mortality data (homicide and motor vehicle crash deaths) have been age-adjusted in this report.

Finally, it is notable that a change in survey methodology or increased sample sizes is needed to fully assess health disparities among the racial and ethnic groups in Rhode Island. As can be seen in this report, data are lacking for racial and ethnic groups for many of the objectives presented. Most striking is the need for adequate data to assess the possible health disparities for the Native American/Alaska Native population in our state.

HEALTH DISPARITIES AT A GLANCE

The table below illustrates the groups with the greatest health disparities for each of the health indicators reviewed in this report. Until confidence intervals are available, greatest health disparities cannot be determined with statistical significance. Therefore, this table represents face value disparities within each LHI. In addition, this table presents greatest health disparities among groups for which we currently have data.

Considering the variables presented in this report, there is one group that most frequently appears to have significant disparities across several indicators: Black Rhode Islanders.

Although the health disparities listed below are those that disproportionately affect each group, improvement on all health indicators for most groups are necessary to reach 2010 targets.

Rhode Islanders with the Greatest Health Disparities Within Each LHI

Leading Health Indicator (LHI)	**Groups at Most Risk**
Physical activity	*Adults* • Black adults • Hispanic adults *Adolescents* • Hispanic adolescents
Overweight and obesity	*Adults* • Black adults *Adolescents* • Black adolescents *Fruit and Vegetable consumption* • Black adults
Tobacco use	*Adolescents* • White adolescents
Substance use	*Adolescents: Marijuana* • White adolescents
Responsible sexual behavior	*Condom Use* • White unmarried, sexually active males
Injury and violence	*Homicide and Motor Vehicle Crashes* • Blacks of all ages
Environmental quality	*Elevated Blood Lead Levels* • Black children
Access to health care	*Health Insurance Coverage:* • Black adults *Adequate Prenatal Care:* • Black women • Asian/Pacific Islander women • American Indian/Alaskan Native Women • Hispanic women

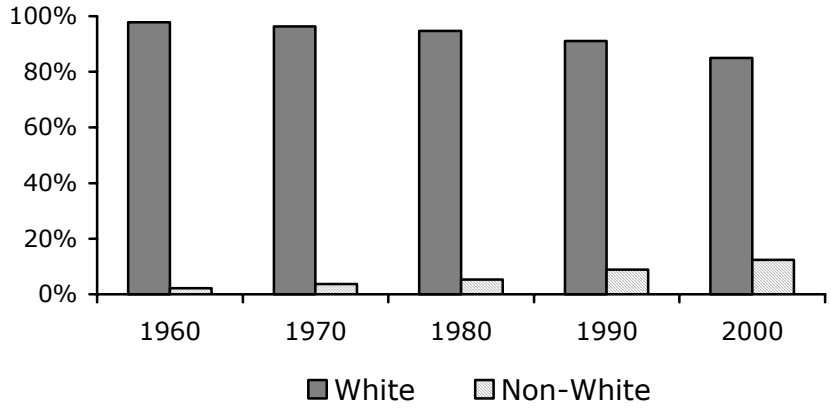
HIGHLIGHTS

- Black (non-Hispanic) and Hispanic adults appear to have a **lower rate of regular physical activity** than White (non-Hispanic) adults and the overall Rhode Island population.
- Hispanic adolescents appear to have a lower rate of **regular physical activity** than White (non-Hispanic) adolescents and the overall Rhode Island population.
- Black (non-Hispanic) Rhode Island adults appear to have a higher rate of **obesity** than other groups for whom adequate data are available.
- Black (non-Hispanic) adolescents appear to have a higher rate of **obesity** than other groups.
- Asian/Pacific Islander adults may have already achieved the 2010 target for **obesity**.
- All groups for whom adequate data are available consume less than the recommended number of **daily servings of fruits and vegetables**. Blacks (non-Hispanic) appear to have the lowest rate of people eating the recommended 5 daily servings.
- Hispanics appear to have a lower rate of **cigarette smoking** than do the other groups for which data are available.
- The rate of **cigarette smoking** among Hispanic youth is less than half the rate among White (non-Hispanic) youth.
- Asian/Pacific Islanders appear to have a much lower rate of **adult binge drinking** than other groups for whom adequate data are available.
- White (non-Hispanic) adolescents report more use of **marijuana** than Hispanic adolescents.
- Unmarried, sexually active non-white males report more **use of condoms** than unmarried, sexually active white males.
- Black (non-Hispanic) children have a higher rate of **elevated blood lead levels** than do children of other racial and ethnic groups.
- Blacks (non-Hispanic) are at higher risk for **motor vehicle crash deaths** than the White (non-Hispanic) population or the total Rhode Island population.
- Blacks (non-Hispanic) are at higher risk for **homicide** than the White (non-Hispanic) population or the total Rhode Island population.
- **More data** are needed to measure the Healthy Rhode Islander 2010 objectives for the American Indian population in our state.
- **A change in survey methodology** or **increased sample sizes** is needed to fully assess health disparities among racial and ethnic groups in Rhode Island.

DEMOGRAPHIC BACKGROUND

The population of Rhode Island is becoming increasingly diverse. Since 1960, the White population has been decreasing and the non-White population has been increasing. From 1990 to 2000, Rhode Island's minority population has increased by 77%, while the White (non-Hispanic) population has decreased by 3%. Eighteen percent (18%) of Rhode Islanders now belong to a minority population whereas the rate was 11% in 1990.[1]

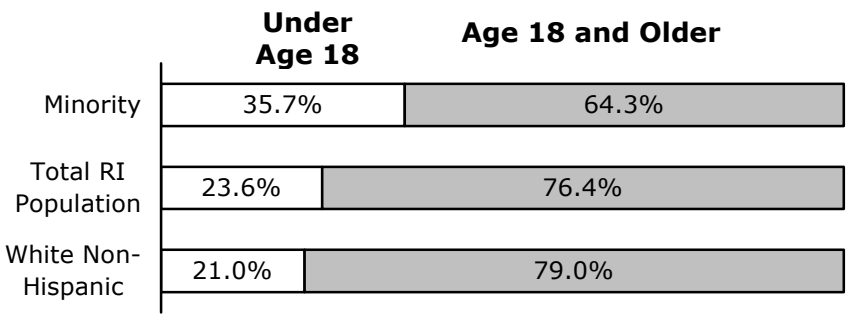
Rhode Island White and Non-White Population 1960 - 2000



Source: Rhode Island Census Data, Rhode Island Statewide Planning Program, Rhode Island Department of Administration.

The minority population in Rhode Island is younger than the overall population. Approximately one quarter of the overall Rhode Island population is under 18 years old while over one third of the minority population is under 18.

Age Structure of Rhode Island's Minority and White (non-Hispanic) Population, 2000

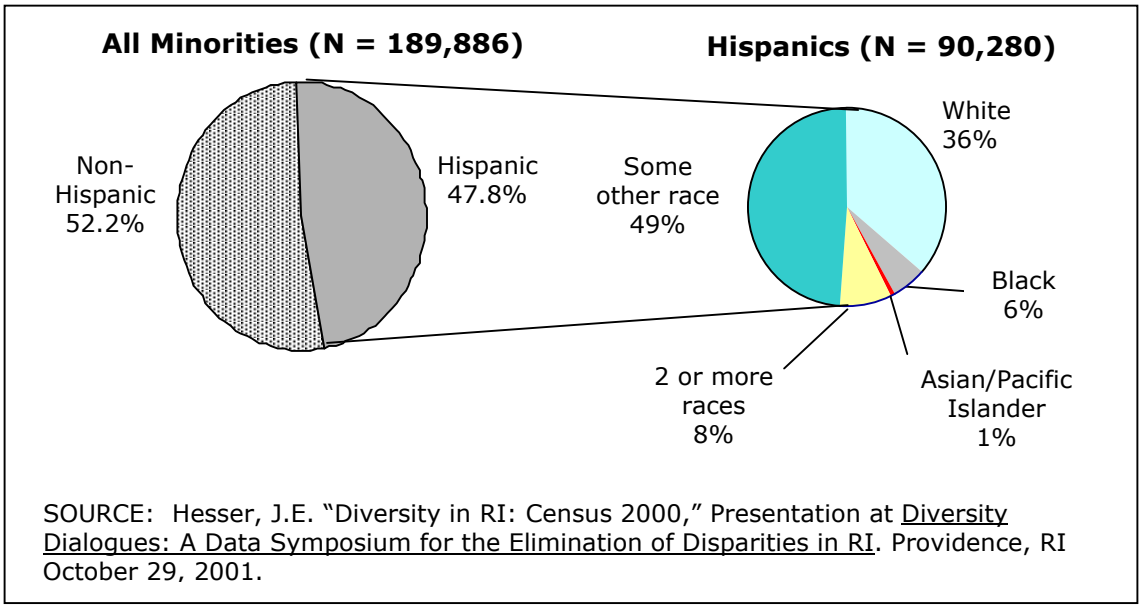


Source: Hesser, J.E. "Diversity in RI: Census 2000," Presentation at Diversity Dialogues: A Data Symposium for the Elimination of Disparities in RI. Providence, RI October 29, 2001.

[1] Hesser, J.E. "Diversity in RI: Census 2000," Presentation at Diversity Dialogues: A Data Symposium for the Elimination of Disparities in RI. Providence, RI October 29, 2001.

Nearly half of Rhode Island's minority population is of Hispanic origin. Of those who identified themselves as Hispanic in the 2000 U.S. Census, 36% identify their race as White, 6% as Black, 8% as 2 or more races, and 1% as Asian/Pacific Islander. Nearly half of Hispanics listed themselves as "Some other race" in the 2000 U.S. Census.[2]

Race Composition of Rhode Island's Hispanic Population, 2000

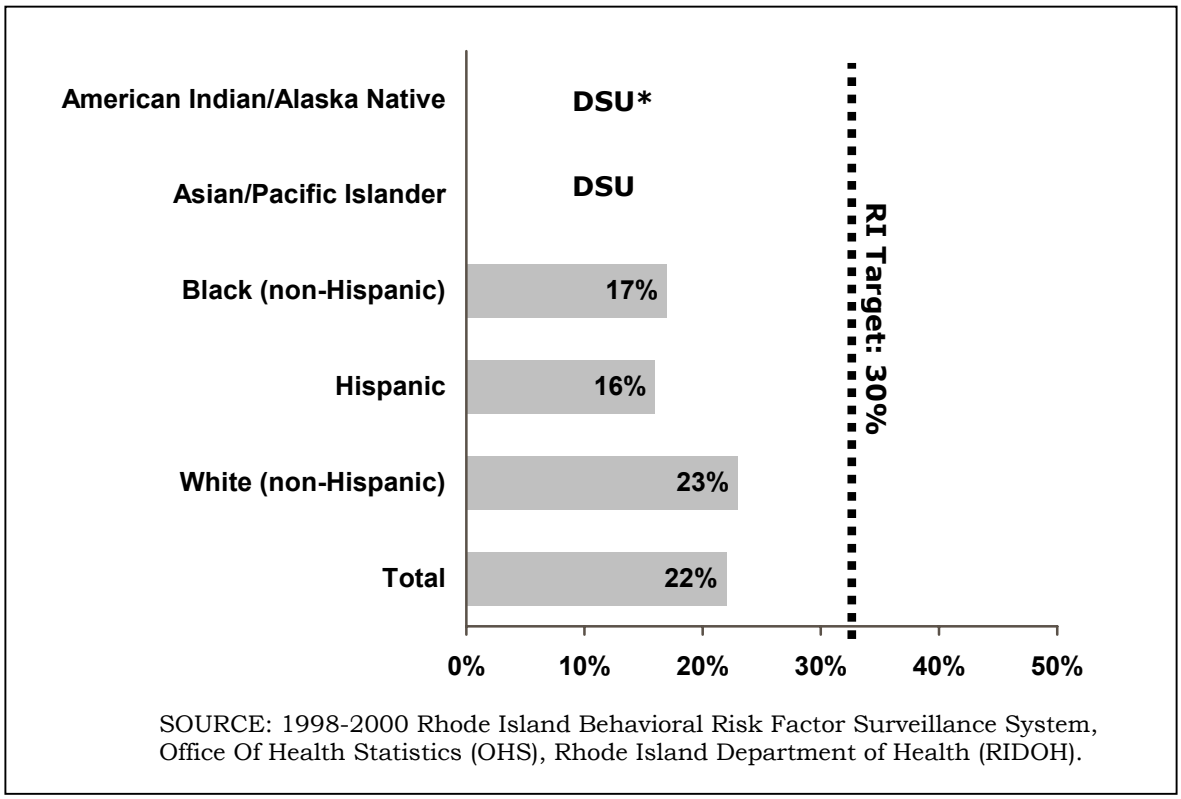


SOURCE: Hesser, J.E. "Diversity in RI: Census 2000," Presentation at Diversity Dialogues: A Data Symposium for the Elimination of Disparities in RI. Providence, RI October 29, 2001.

[2] Hesser, J.E. "Diversity in RI: Census 2000," Presentation at Diversity Dialogues: A Data Symposium for the Elimination of Disparities in RI. Providence, RI October 29, 2001.

PHYSICAL ACTIVITY

HRI Objective 1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22-2)



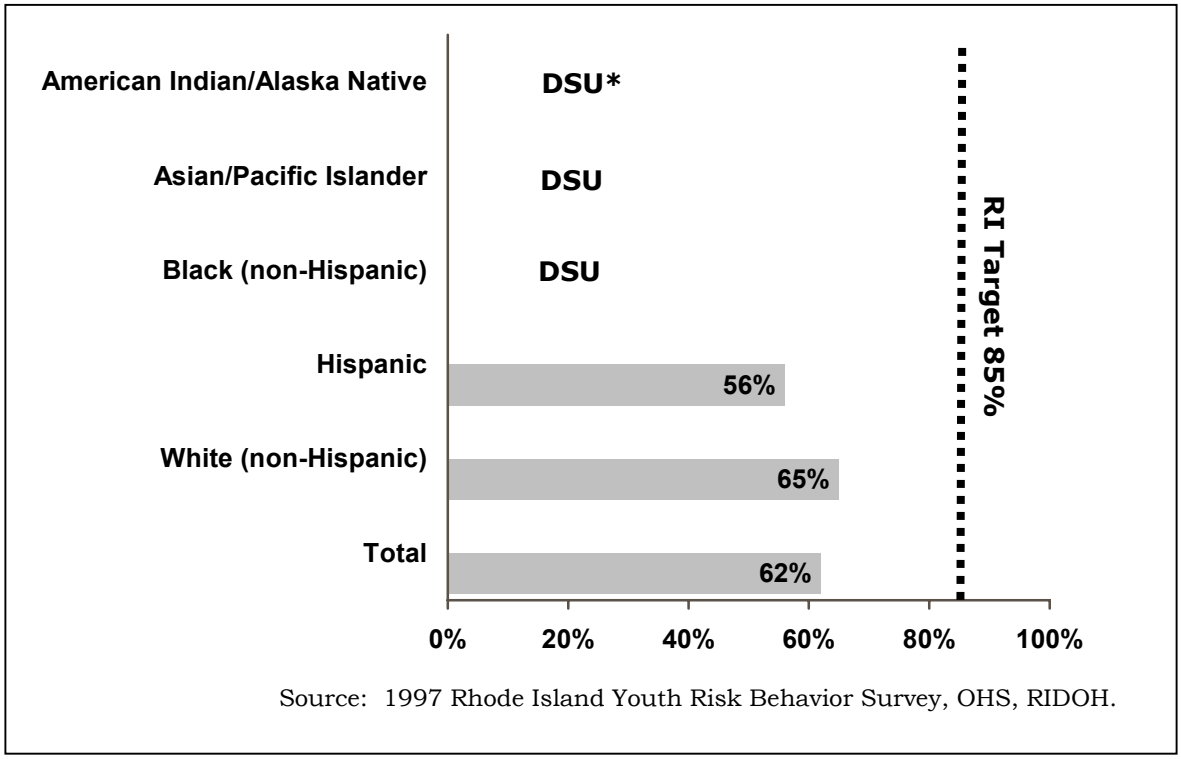
SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, Office Of Health Statistics (OHS), Rhode Island Department of Health (RIDOH).

The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. At 23% Whites (non-Hispanic) have the highest rate of regular physical activity, while Blacks (non-Hispanic) and Hispanics have a rate of 17% and 16% respectively. Data for American Indian/Alaska Natives and Asian/Pacific Islanders are inadequate for reporting due to small sample sizes. Based on the data that are available and reliable, the White (non-Hispanic) population appears to be higher than the Hispanic and Black (non-Hispanic) populations, a potential disparity for Rhode Islanders. While improvement is needed in the rates of all the groups with available data, the Hispanic and Black (non-Hispanic) groups have the opportunity for the greatest increases.

*Data are statistically unreliable and therefore are not reported.

PHYSICAL ACTIVITY

HRI Objective 1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (Healthy People 2010 Objective 22-7)



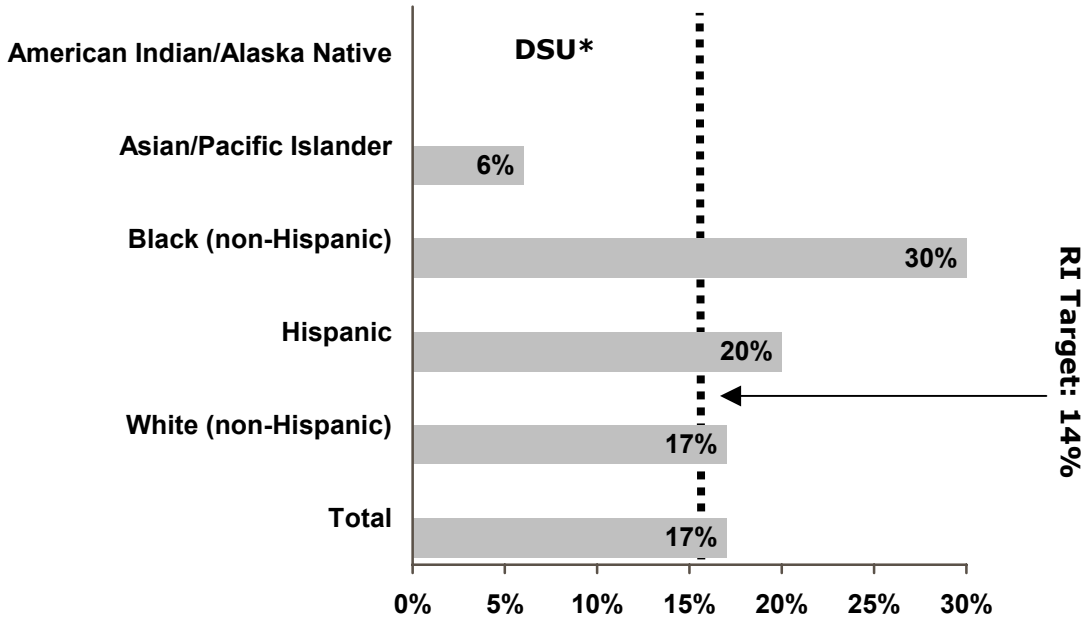
Source: 1997 Rhode Island Youth Risk Behavior Survey, OHS, RIDOH.

In 1997, 62% of adolescents responding to the Youth Risk Behavior Survey (YRBS) indicated that they engage in vigorous physical activity 3 or more days per week. The target for Healthy Rhode Islanders 2010 is to increase participation to 85% of adolescents engaging in vigorous physical activity at least 3 times per week. Due to the small survey sample sizes of minority youth, data for racial and ethnic minority groups other than Hispanics are not reportable. In 1997, 65% of White (non-Hispanic) youth engaged in regular physical activity while 56% of Hispanic youth were regularly active in vigorous physical activity. Increasing survey sample sizes or changing survey methodology will allow assessment of physical activity rates among other racial and ethnic groups in the future. Current reportable data indicate that strategies to increase physical activity in youth overall will be needed to meet the 2010 target.

*Data are statistically unreliable and therefore are not reported.

OVERWEIGHT AND OBESITY

HRI Objective 2-1. Reduce the proportion of adults who are obese. (Healthy People 2010 Objective 19-2)



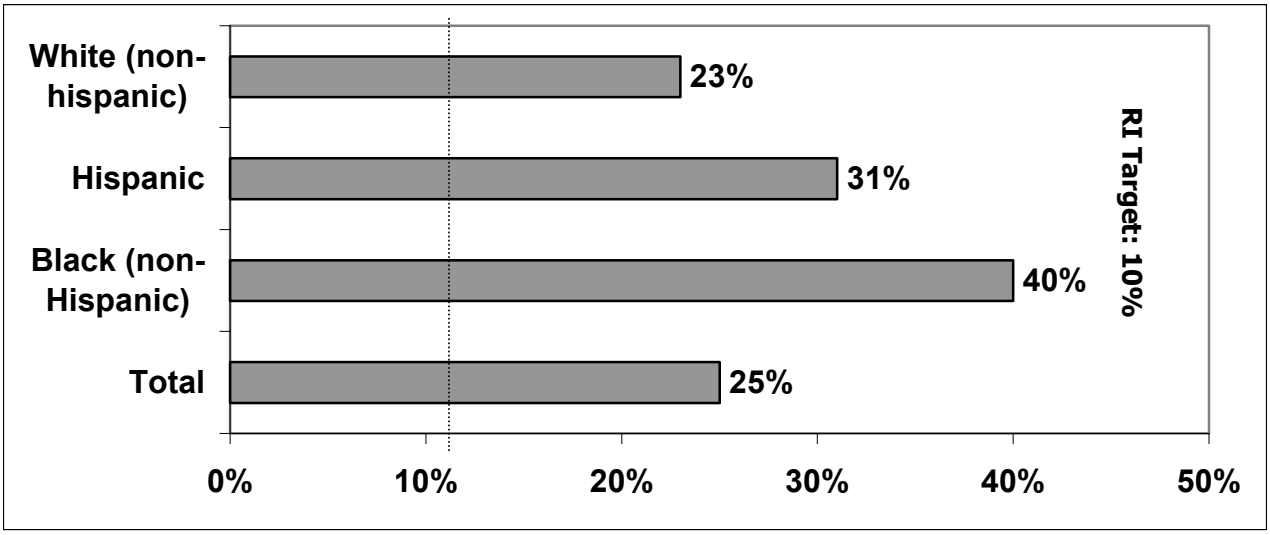
SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, RIDOH.

In Rhode Island, the most recent data show that the obesity rate among adults overall is 17%. The target for the year 2010 is a reduction to 14% for all Rhode Islanders aged 18 and older. As can be seen in the chart shown above, the Black (non-Hispanic) population in Rhode Island is the farthest from the 2010 target, with a rate in that population of 30% -- 10% percentage points greater than the next highest group. The Hispanic population has a rate of 20%. Asian/Pacific Islanders fare the best on this objective with a rate of 6%, which indicates that this group has surpassed the 2010 target. Strategies to reduce the rate of obesity among Black (non-Hispanic) adults must be identified and implemented in order to eliminate the disparity illustrated by these data.

*Data are statistically unreliable and therefore are not reported.

OVERWEIGHT AND OBESITY

HRI Objective 2-2: Reduce the proportion of children and adolescents* who are overweight and obese. (Healthy People 2010 Objective 19-3c)



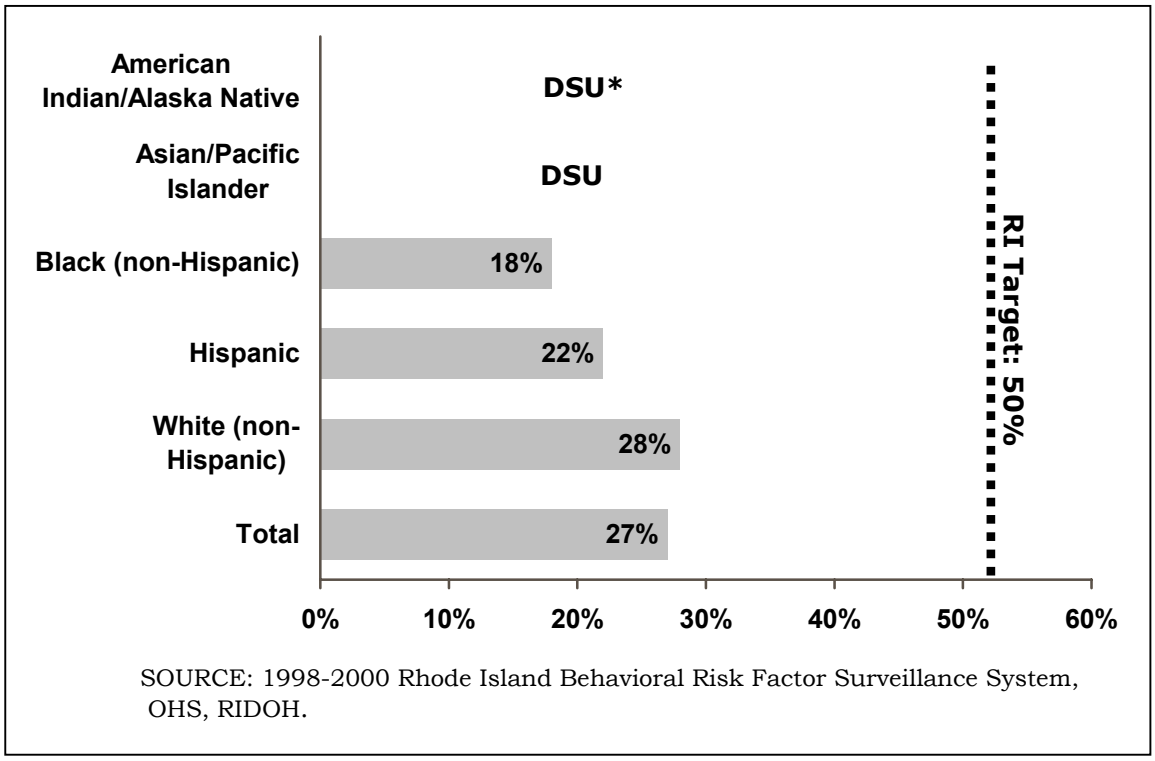
SOURCE: 2001 Rhode Island Health Interview Survey

The most recent data show that 25% of Rhode Island youth, aged 6 to 19 years of age, are overweight or obese. The target for the year 2010 is to reduce the rate to 10% for all Rhode Island youth. More Black (non-Hispanic) youth (40%) are overweight than Hispanic youth (31%) and White (non-Hispanic) youth (23%). Reductions in the number of youth who are overweight and obese will be necessary for all groups in order to meet the 2010 target.

*Data available for children and adolescents 6-19 years old

OVERWEIGHT and OBESITY

HRI Objective 2-3. Increase the proportion of persons aged 2 years and older who consume at least five daily servings of fruits and vegetables.**
(Healthy People 2010 Objectives 19-5, 19-6)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, RIDOH.

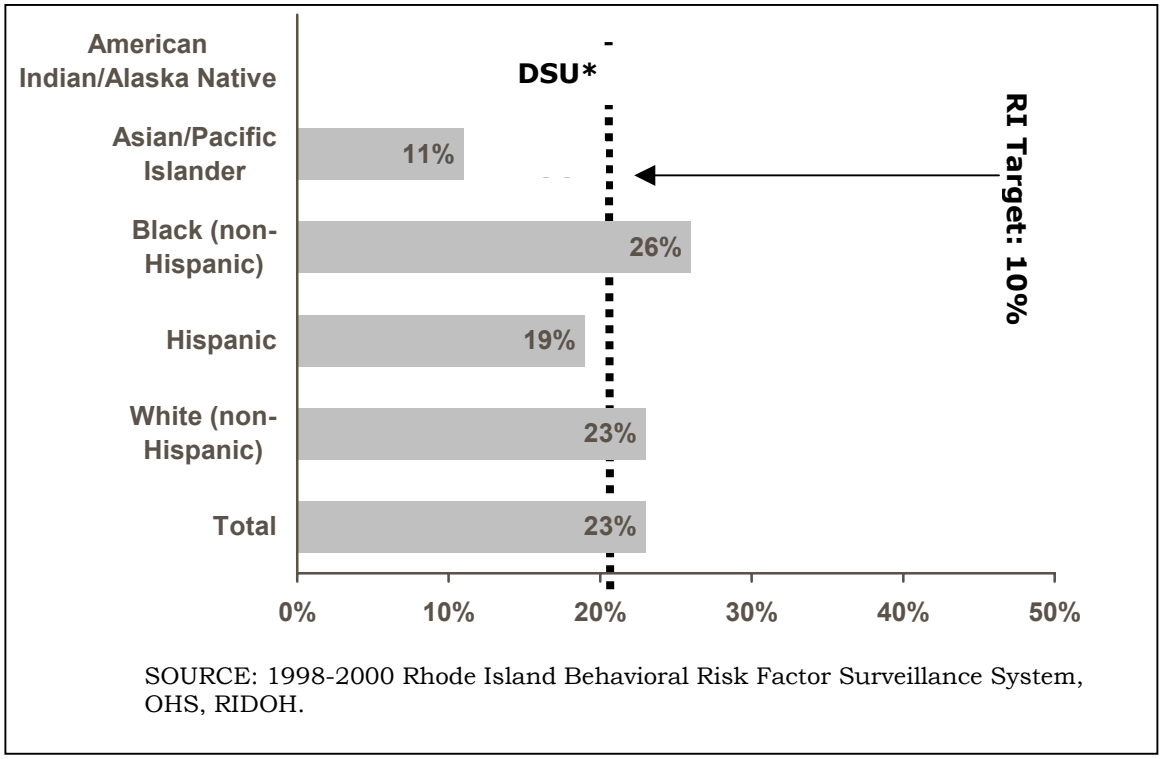
Currently, 27% of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's 2000 *Dietary Guidelines for Americans*. The target for the year 2010 is to increase the rate to 50% of the population aged 2 and over. Currently data are not available for persons 2 – 17 years old. The White (non-Hispanic) adult population exceeds the overall adult population with 28% consuming at least 5 servings of fruit and vegetables a day. Twenty-two percent (22%) of the Hispanic adult population eat 5 servings of fruits and vegetables each day. Among Black (non-Hispanic) adults, 18% eat the recommended number of servings. Data for Native Americans and Asian/Pacific Islanders were insufficient for reporting. Sample sizes for both of these groups need to be increased in order to adequately measure their baselines and progress on this objective. The greatest disparity appears to be between the White (non-Hispanic) population and Black (non-Hispanic) population. Clearly, this potential disparity will need to be addressed to make progress on this objective, and for each of the racial/ethnic groups as well.

**Data available for adults age 18 and older

*Data are statistically unreliable and therefore are not reported.

TOBACCO USE

HRI Objective 3-1. Reduce cigarette smoking by adults. (Healthy People 2010 Objective 27-1a)



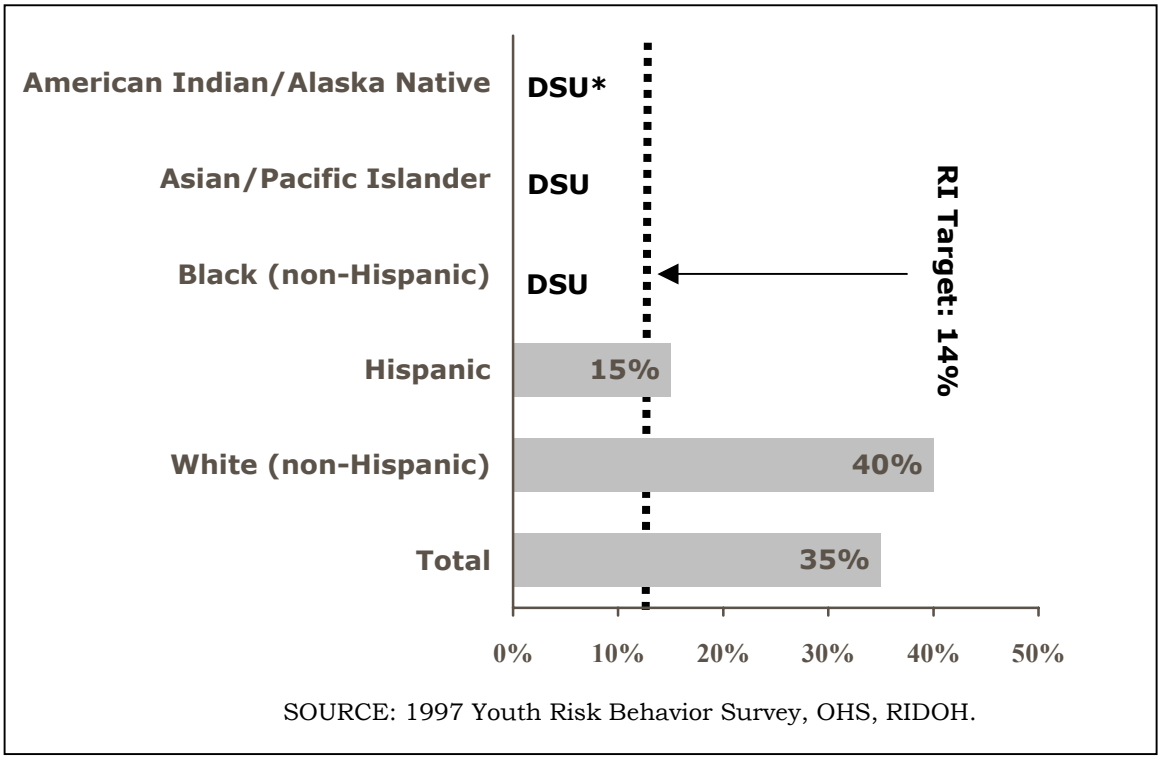
SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, RIDOH.

Current data show that the overall adult smoking rate is 23%. The Rhode Island target for the percentage of adults who smoke cigarettes is 10% by the year 2010. That is, it is hoped that during the next decade there will be a 56% decrease in the percentage of adults who smoke. The rate of smoking among White (non-Hispanic) adults is also 23%. At 19%, the rate of smoking among Hispanics is lower than the overall rate. The smoking rate among Black (non-Hispanic) adults is 26%, 3% percentage points higher than the overall adult rate in Rhode Island. The smoking rate for Asian/Pacific Islanders is at 11%. Current data are insufficient for calculating the adult smoking rate among the American Indian/Alaska Native population. The largest potential disparity revealed by this data is between the Black (non-Hispanic) group and the Asian/Pacific Islanders group that has the lowest reliable rate. The data illustrated here indicate that increased sample sizes are needed to adequately measure tobacco use rates among American Indian/Alaska Natives. Furthermore, existing data show that smoking rates among the groups with adequate data will need reductions between 9% and 16% during the next decade in order to meet the target.

*Data are statistically unreliable and therefore are not reported.

TOBACCO USE

HRI Objective 3-2. Reduce cigarette smoking by adolescents. (Healthy People 2010 Objective 27-2b)



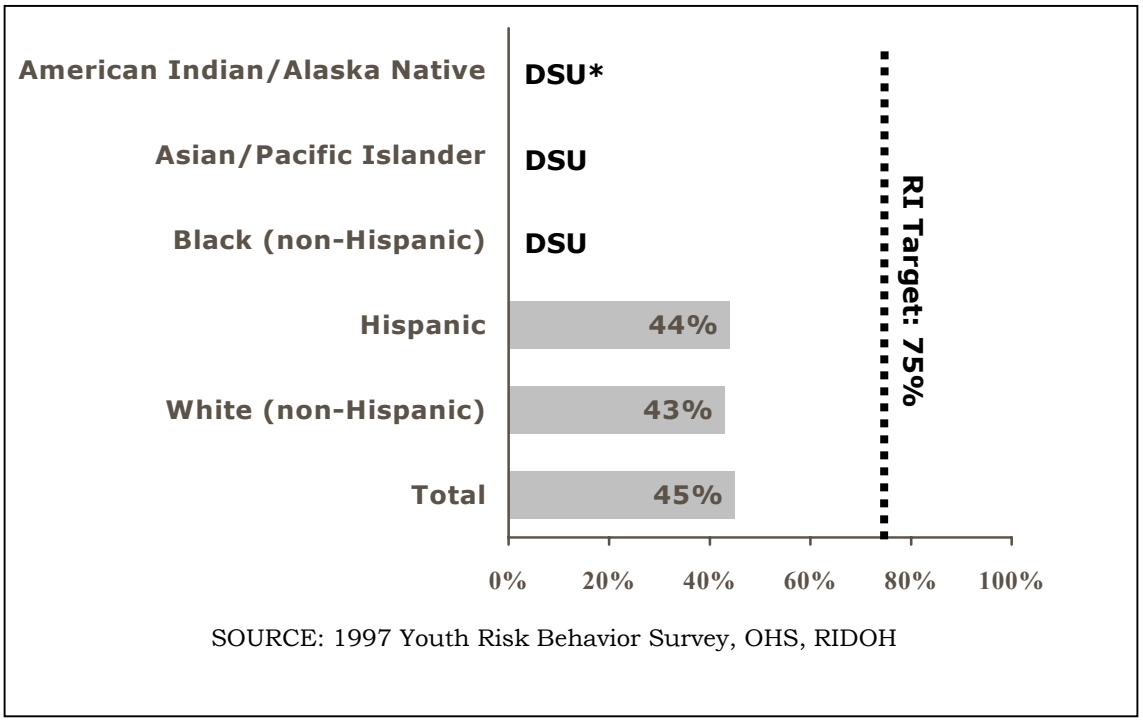
SOURCE: 1997 Youth Risk Behavior Survey, OHS, RIDOH.

Current data from the YRBS show that the rate of cigarette smoking among White (non-Hispanic) adolescents in grades 9-12 is 40%. Reducing the overall adolescent smoking rate by 21% will be needed to achieve the target of 14% by 2010. In these grades, Hispanic youth have a rate of 15%, which is 1% from the 2010 target. The rates for other groups are not available because data are insufficient. A change in survey methodology or an increase in sample size is needed to collect reportable data for the three groups that are lacking data for this objective. Cigarette smoking rates among Whites (non-Hispanic) are almost 3 times higher than Hispanics, a potential disparity for this objective.

*Data are statistically unreliable and therefore are not reported.

SUBSTANCE ABUSE

HRI Objective 4-1. Increase the proportion of adolescents *not* using alcohol or any illicit drugs during the past 30 days. (Healthy People 2010 Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, RIDOH

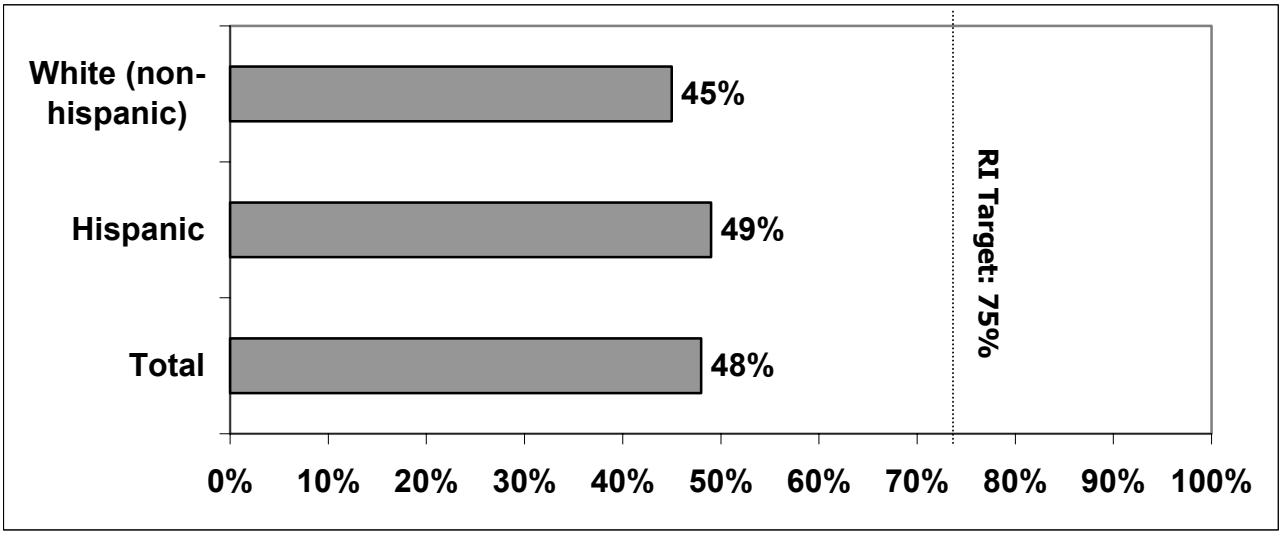
Overall, according to the most recent Rhode Island survey data, 45% of youth are ***not*** using alcohol, marijuana, or cocaine. The target for this objective is to increase the proportion of youth that are *not* using alcohol or illicit drugs to 75%. Because of limited number of questions in the YRBS, the only illicit drugs assessed are marijuana and cocaine. Forty-three percent (43%) of White (non-Hispanic) youth and 44% of Hispanic youth did *not* use alcohol, marijuana, or cocaine in the past month. Due to insufficient data, it is currently not possible to assess the proportion of Black (non-Hispanic), Asian/Pacific Islander and American Indian/Alaska Native youth who are *not* using alcohol or illicit drugs. As in the previous objective, a change in survey methodology or an increase in sample size is needed to collect reportable data for the three groups that are lacking data for this objective.

*Data are statistically unreliable and therefore are not reported.

SUBSTANCE ABUSE

ALCOHOL

HRI Objective 4-1, Part 1. Increase the proportion of adolescents* who report no alcohol use in the past 30 days. (Healthy People 2010 Objective 26-10a)



SOURCE: 1997 Youth Behavioral Risk Survey

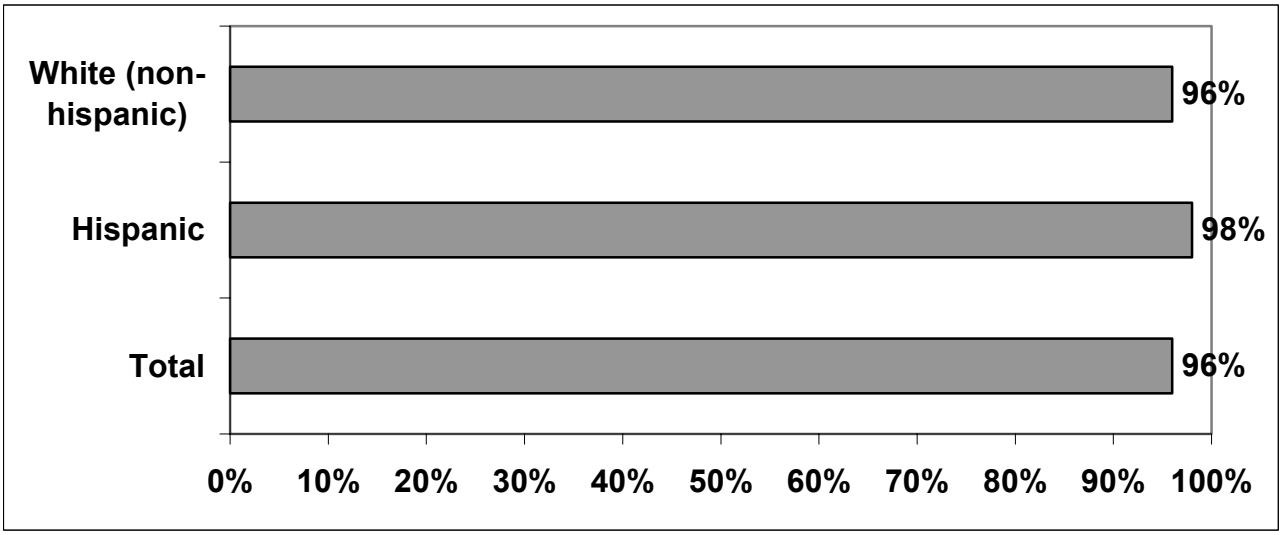
Based on the most recent data, 48% of Rhode Island adolescents did ***not*** use alcohol in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are *not* using alcohol to 75%. Hispanic adolescents reported the highest rates of non-use of alcohol (49%), followed by Whites (non-Hispanic), among whom 45% reported that they had not used alcohol in the past month. All adolescents will have to reduce their use of alcohol before the 2010 target can be met for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

COCAINE

HRI Objective 4-1, Part 2. Increase the proportion of adolescents* who report no cocaine use in the past 30 days. (Healthy People 2010 Objective 26-10a)



SOURCE: 1997 Youth Behavioral Risk Survey.

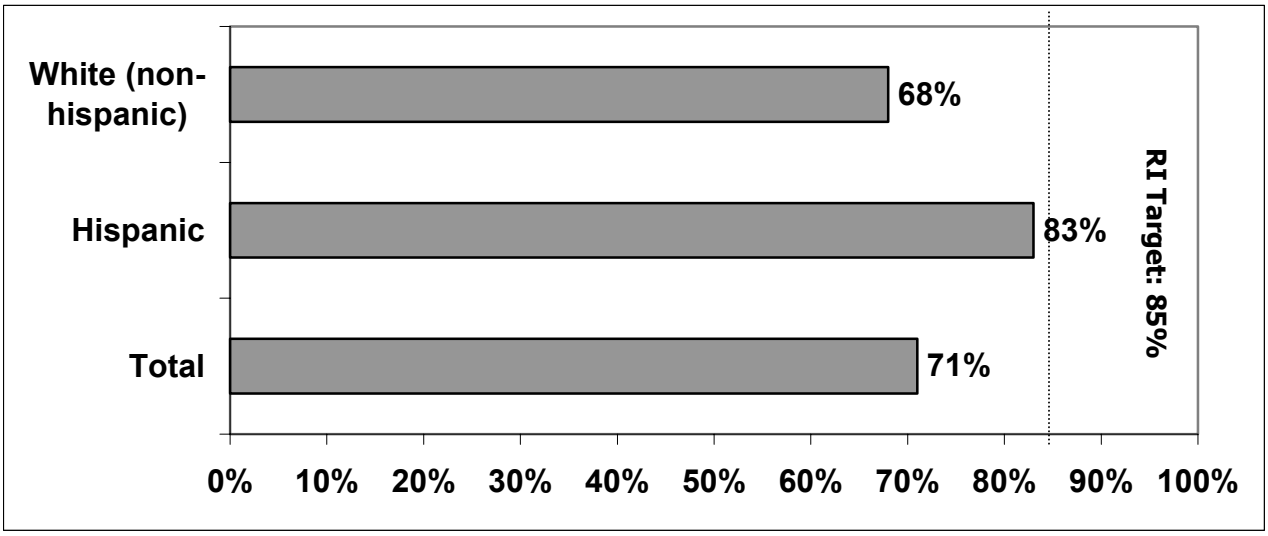
Based on the most recent data, 96% of Rhode Island adolescents did ***not*** use cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are *not* using cocaine to 99%. Hispanic adolescents reported the highest rates of non-use of cocaine (98%), followed by Whites (non-Hispanic), among whom 96% reported that they had not used cocaine in the past month. All adolescents will have to reduce their use of cocaine before the 2010 target can be met for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

MARIJUANA

HRI Objective 4-1, Part 3. Increase the proportion of adolescents* who report no marijuana use in the past 30 days. (Healthy People 2010 Objective 26-10a)



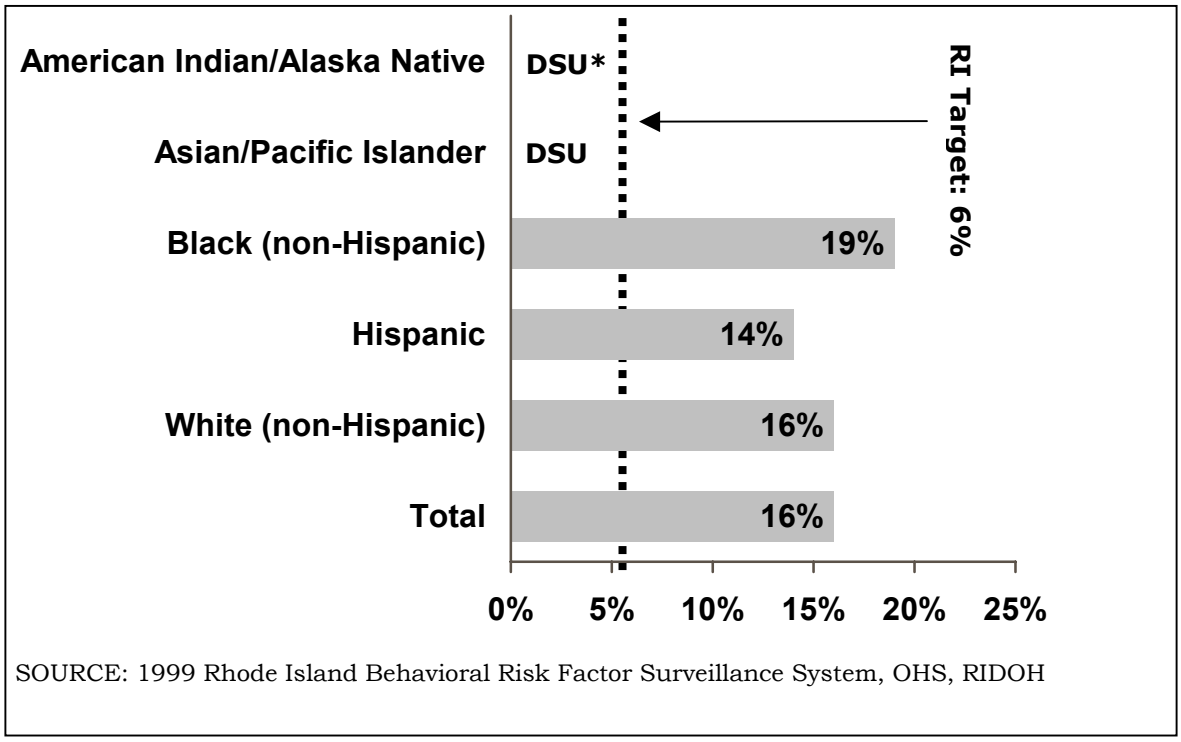
SOURCE: 1997 Youth Behavioral Risk Survey

Based on the most recent data, 71% of Rhode Island adolescents did ***not*** use marijuana in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are *not* using marijuana to 85%. Hispanic adolescents reported the highest rates of non-use of marijuana (83%), followed by Whites (non-Hispanic), among whom 68% reported that they had not used marijuana in the past month. All adolescents will have to reduce their use of marijuana before the 2010 target can be met for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

HRI Objective 4-3. Reduce binge drinking by adults during the past ~~month~~30 days.** (Healthy People 2010 Objective 26-11c)



SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, RIDOH

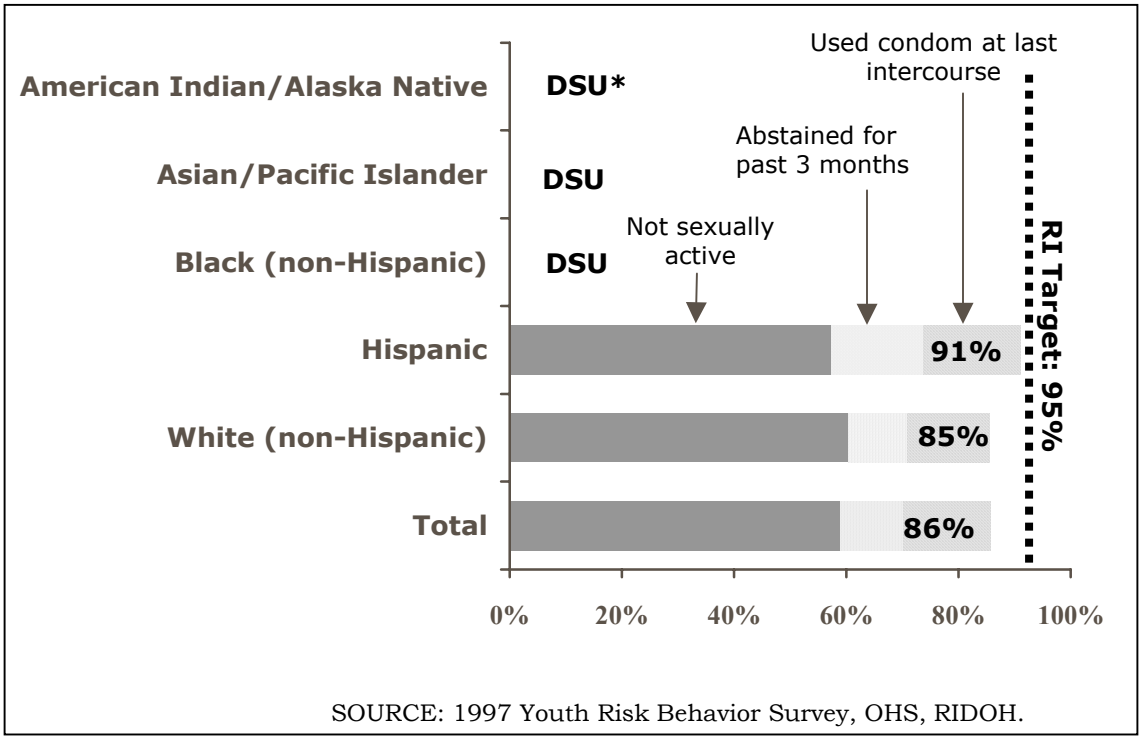
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is for the overall population and each group to not exceed a binge drinking rate of 6%. The Black (non-Hispanic) adult population has a binge drinking rate of 19%. The Hispanic population has a rate of 14% while the White (non-Hispanic) population has a rate of 16%. The largest difference in binge drinking rates is the 5% difference between the Black (non-Hispanic) population and the Hispanic population.

**Data available for adults age 18 years and older.

*Data are statistically unreliable and therefore are not reported.

RESPONSIBLE SEXUAL BEHAVIOR

HRI Objective 5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. (Healthy People 2010 Objective 25-11)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, RIDOH.

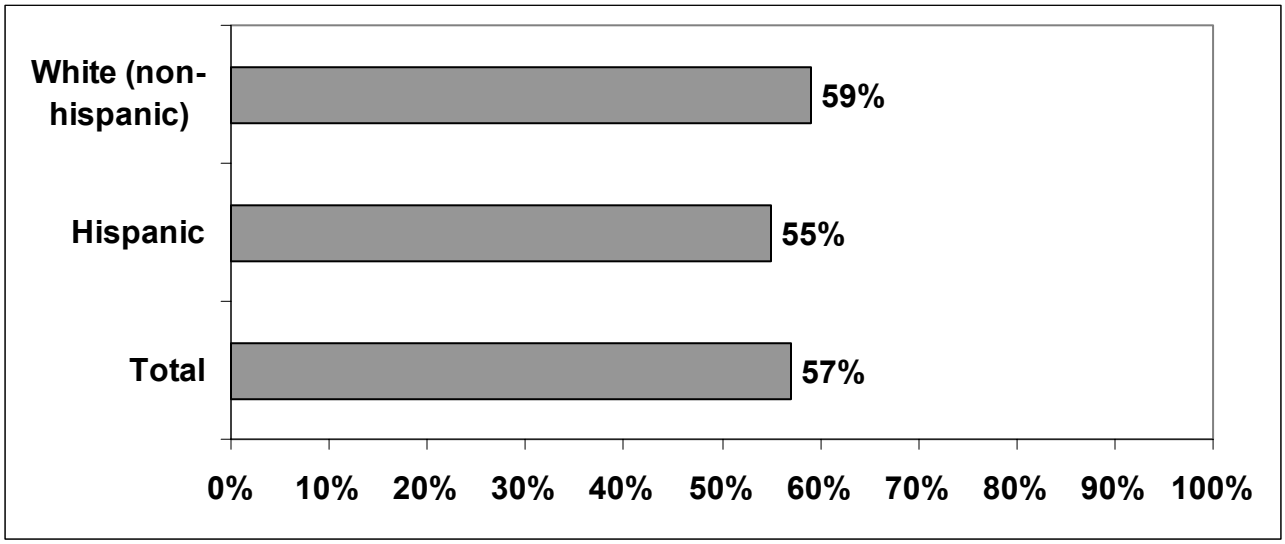
Among Rhode Island adolescents overall, 86% have either never had sexual intercourse, or have abstained from sexual intercourse during the past 3 months, or used condoms at last intercourse if they are sexually active. Overall, 57% of those adolescents surveyed responded that they have never had sexual intercourse; 12% had sexual intercourse but not in the past 3 months; 16% had sexual intercourse in the past 3 months and used a condom; and 15% had sexual intercourse in the past 3 months and did not use a condom. The 2010 target for this objective is to increase to 95% the proportion of all adolescents who are either abstaining from sexual intercourse or using condoms if sexually active. Ninety-one percent (91%) of Hispanic youth exhibited responsible sexual behavior while 85% of White (non-Hispanic) youth have shown responsible sexual behavior. Due to small numbers, the data for Black (non-Hispanic), Asian/Pacific Islander, and American Indian/Native Alaska youth are not reliable. As with several of these objectives, disparity cannot be measured completely. Changing survey methods could allow for more complete measurement. Based on the available reportable data, a disparity may exist between Hispanic youth, who are closer to the 2010 target, and the White (non-Hispanic) youth.

*Data are statistically unreliable and therefore are not reported.

RESPONSIBLE SEXUAL BEHAVIOR

HRI Objective 5-1: Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. (Healthy People 2010 Objective 25-11)

a. Never had sexual intercourse



SOURCE: 1997 Youth Behavioral Risk Survey

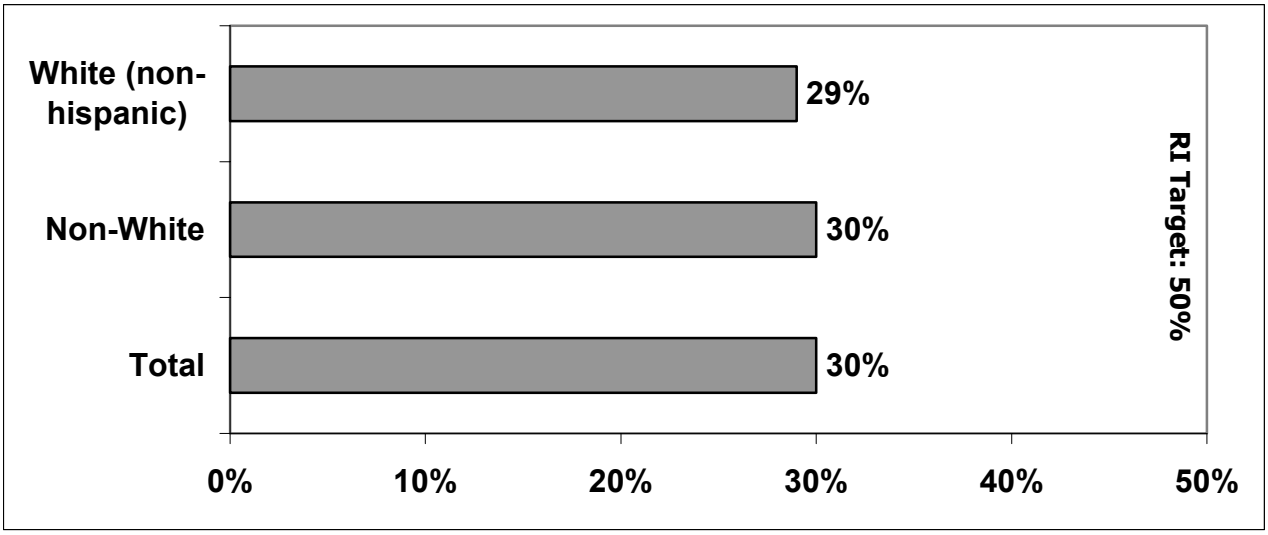
Overall, 57% of adolescents have never had sexual intercourse. Baseline data show that 55% of Hispanic adolescents and 59% of White (non-Hispanic) adolescents have never had sexual intercourse.

*Data available for adolescents, grades 9-12.

RESPONSIBLE SEXUAL BEHAVIOR

HRI Objective 5-2: Increase the proportion of unmarried sexually active persons who use condoms.

a. Increase the proportion of unmarried sexually active adult females* who use condoms. (Healthy People 2010 Objective 13-6a)



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 30% of sexually active, unmarried Rhode Island female adults used condoms during their last episode of sexual intercourse. Condom use among sexually active, unmarried female adults is slightly higher for non-Whites than non-Hispanic Whites. The 2010 target is to have 50% of sexually active, unmarried Rhode Island female adults reporting that they use condoms.

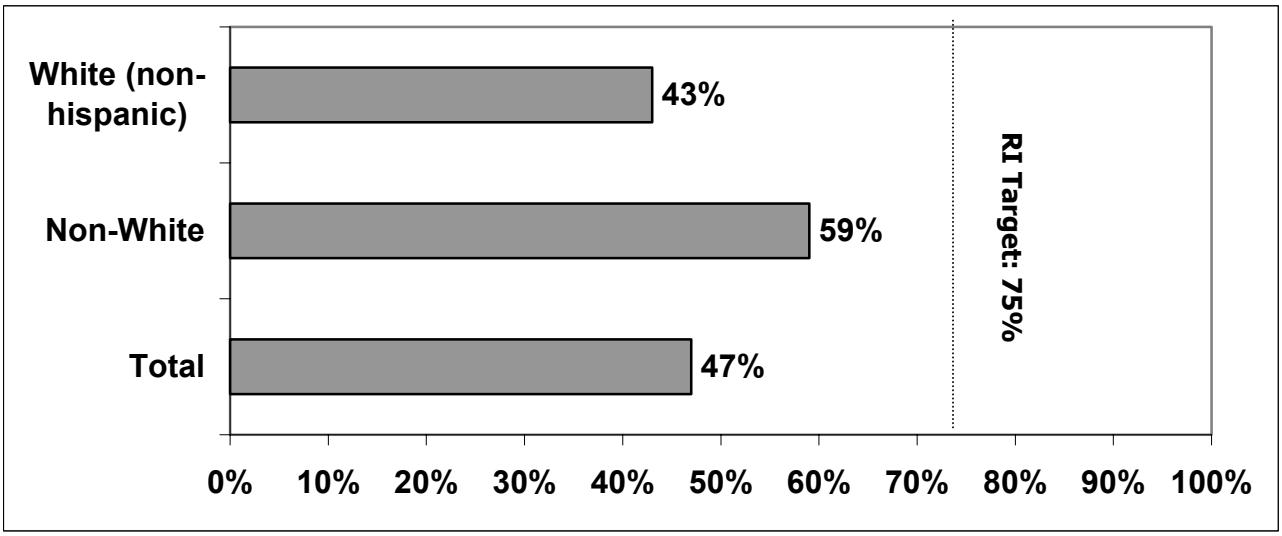
*Data available for a sample of 421 sexually active, unmarried, adult females, between the ages of 18-44.

RESPONSIBLE SEXUAL BEHAVIOR

ADULT MALES

HRI Objective 5-2: Increase the proportion of unmarried sexually active persons who use condoms.

b. Increase the proportion of unmarried sexually active adult males* who use condoms. (Healthy People 2010 Objective 13-6b)



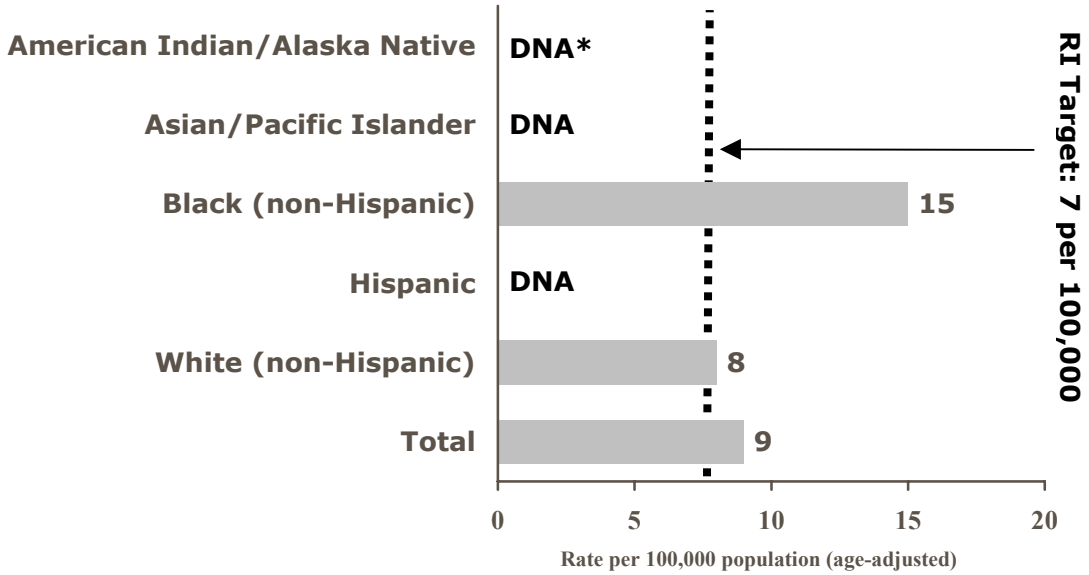
SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 47% of sexually active, unmarried Rhode Island male adults used condoms during their last episode of sexual intercourse. More non-White men (59%) than White (non-Hispanic) men (43%) reported condom use. The 2010 target is to have 75% of sexually active, unmarried Rhode Island male adults reporting that they use condoms.

*Data available for a sample of 287 sexually active, unmarried, adult males, between the ages of 18-49.

INJURY AND VIOLENCE

HRI Objective 7-1. Reduce deaths caused by motor vehicle crashes. (Healthy People 2010 Objective 15-15)



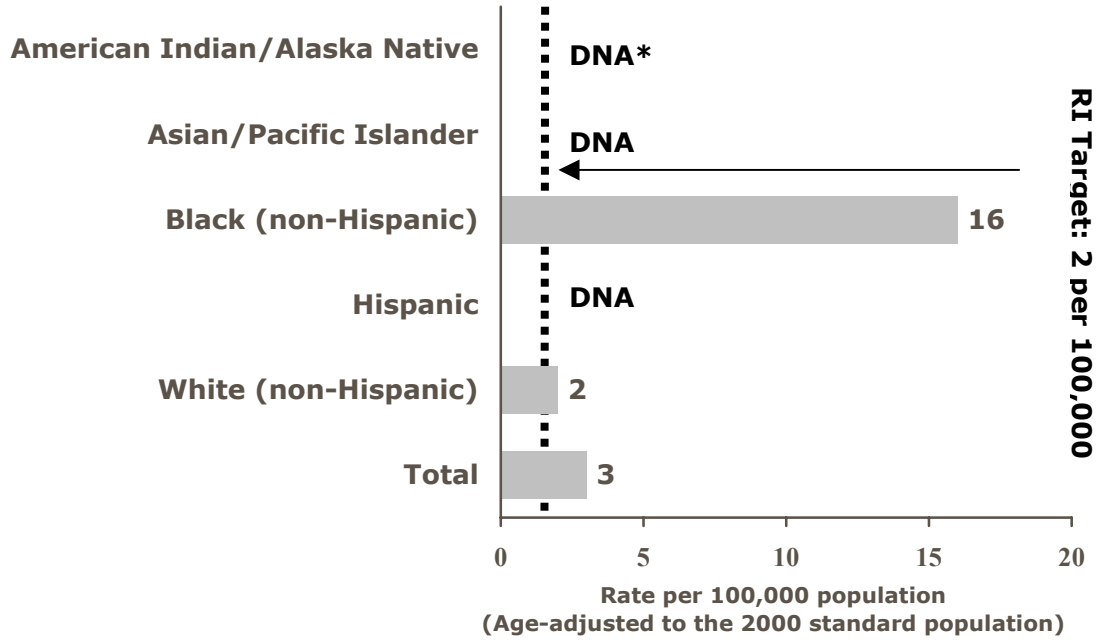
SOURCE: 1996-1998 National Vital Statistics System, Centers for Disease Control (CDC), National Center for Health Statistics (NCHS).

The overall motor vehicle crash death rate is 9 per 100,000. The 2010 target for deaths caused by motor-vehicle crashes is to reduce the rate to 7 per 100,000 people. The rate among Whites (non-Hispanic) is 8 per 100,000. The rate among Blacks (non-Hispanic) is 15 per 100,000. Currently, data are not available to measure the rate among the other groups. While data are not available to assess disparity between other groups, existing data does reveal a potentially substantial disparity in the motor vehicle crash death rate between the Black (non-Hispanic) population and the White (non-Hispanic) population.

*Data not available for analysis.

INJURY AND VIOLENCE

HRI Objective 7-2. Reduce homicides. (Healthy People 2010 Objective 15-32)



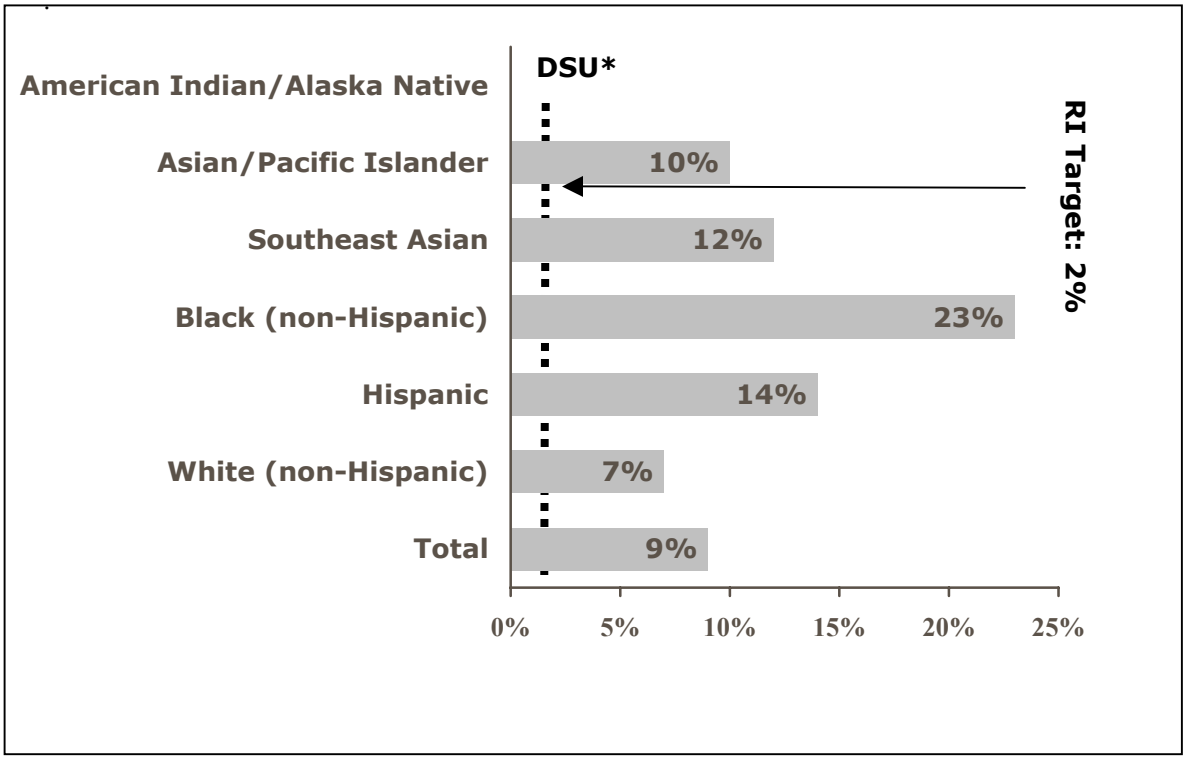
SOURCE: 1996-1998 National Vital Statistics System, CDC, NCHS (CDC WONDER).

The most recent data show that the current overall rate is 3 per 100,000 population. The target for reducing homicide in Rhode Island is 2 per 100,000 population. The rate among Whites (non-Hispanic) is 2 per 100,000 while the rate among Blacks (non-Hispanic) is 16 per 100,000. Currently, data are not available for the other groups. While data are not available to assess disparity between other groups, existing data does reveal a large disparity in the homicide rate between the Black (non-Hispanic) population and the White (non-Hispanic) population, since the rate among Blacks is approximately 8 times higher than Whites (non-Hispanic).

*Data not available for analysis.

ENVIRONMENTAL QUALITY

HRI Objective 8-3. Eliminate elevated blood lead levels in children. (Healthy People 2010 Objective 8-11)



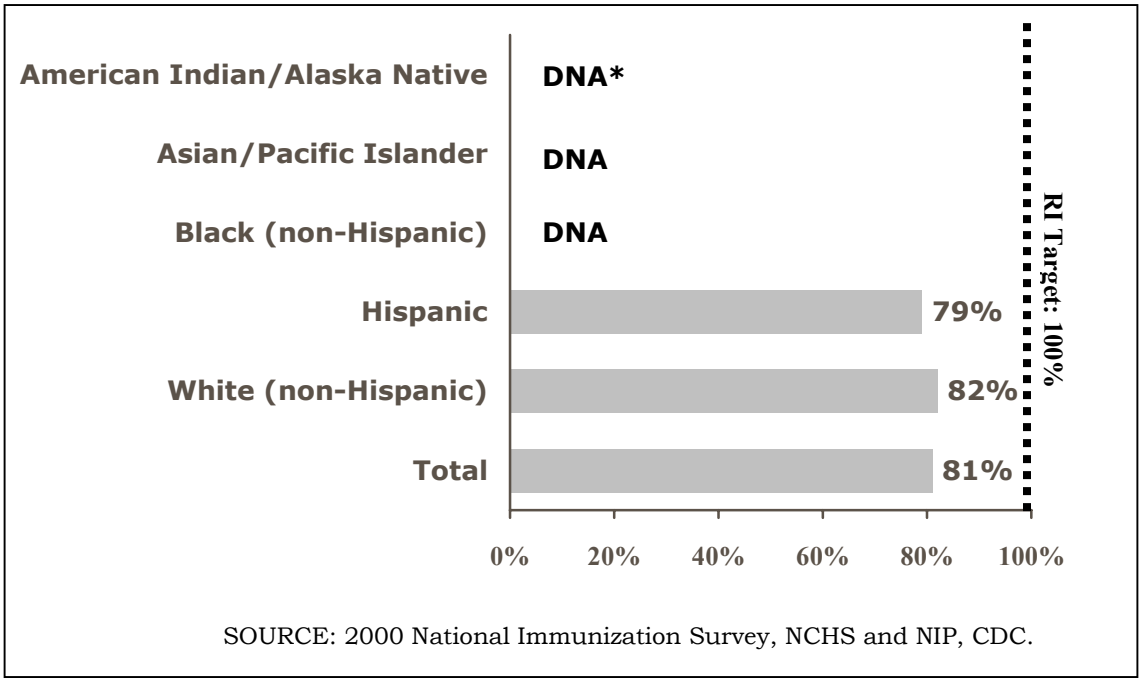
SOURCE: 2000 Lead Screening Data, Childhood Lead Poisoning Prevention Program, RIDOH

Overall, 9% of Rhode Island children have elevated blood lead levels. The target for Rhode Island is to reduce the percentage of children with elevated blood lead levels exceeding the recommended standard to 2%. White (non-Hispanic) children have the lowest rate with 7% of that population having elevated levels of lead in their blood. Asian/Pacific Islander children have a rate of 10% elevated levels of lead and Southeast Asian children have a rate of 12%. Hispanic children have the next highest rate of unhealthy blood lead levels with 14% of that group exceeding acceptable levels. Black (non-Hispanic) children in Rhode Island have the highest rate of elevated blood lead levels with a rate of 23%, almost 4 times higher than the rate for Whites (non-Hispanic). For this target to be attained, disparities must be addressed. Disparity may exist between the Black (non-Hispanic) population and each of the other groups.

*Data are statistically unreliable and therefore are not reported.

IMMUNIZATION

HRI Objective 9-1. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years. (Healthy People Objective 14-24a)



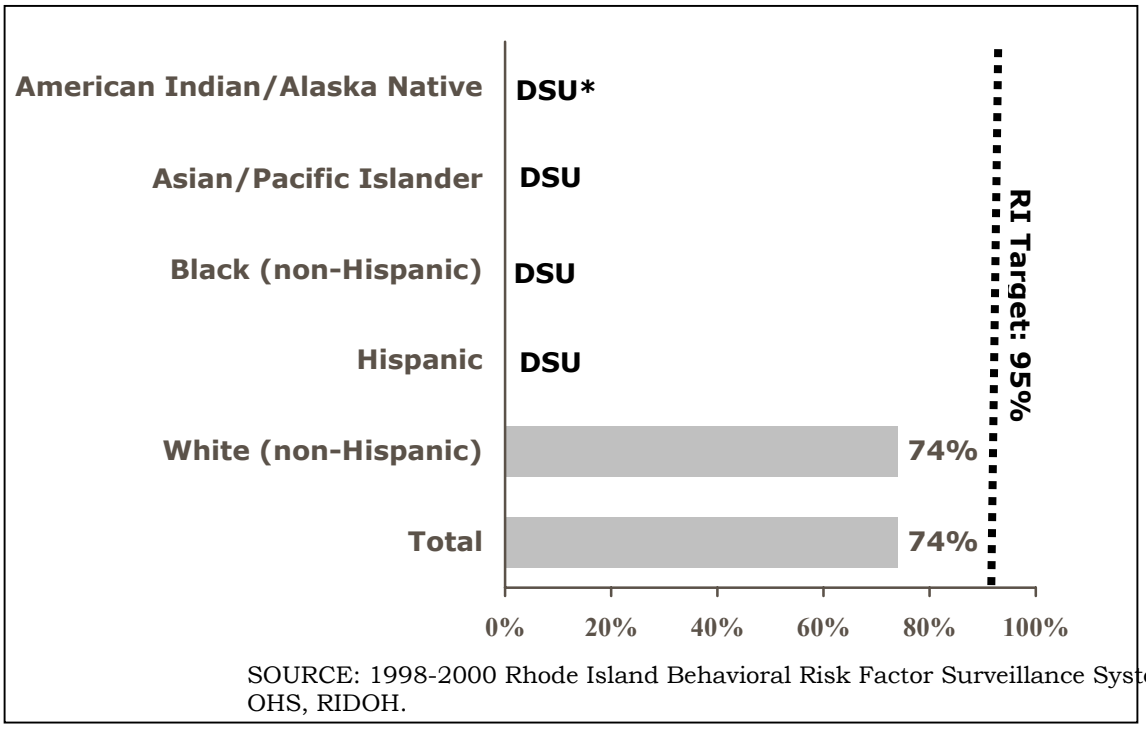
SOURCE: 2000 National Immunization Survey, NCHS and NIP, CDC.

Overall, 81% of Rhode Island children receive the vaccines that have been recommended for at least the past 5 years. By 2010, the goal is to have 100% of all children in the state receiving the recommended vaccinations. Eighty-two percent (82%) of White (non-Hispanic) children and 79% of Hispanic children received the 4:3:1:3:3 series (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B). Data are not available for the measurement of vaccination rates among the other racial and ethnic groups.

*Data are not available for analysis.

IMMUNIZATION

HRI Objective 9-2a. Increase the proportion adults aged 65 years and older who are vaccinated annually against influenza. (Healthy People Objective 14-29a)



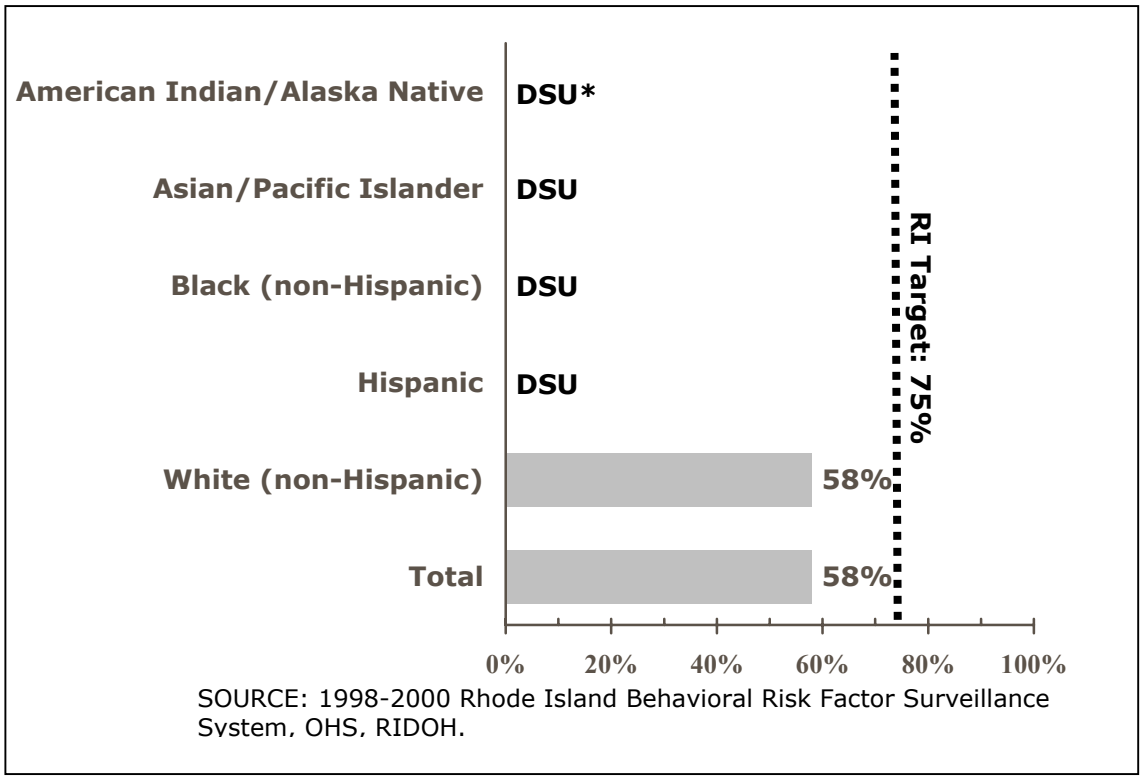
SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, RIDOH.

The most recent data available show that overall 74% of elders in Rhode Island receive an annual influenza vaccination. Elders in the White population receive annual vaccination at a rate of 74%. Vaccination rates among the other racial and ethnic groups cannot be calculated reliably due to inadequate sample sizes. In order to assess disparity in influenza vaccination rates, sample sizes among minority racial and ethnic groups must be increased or changes in survey methodology need to be made.

*Data are statistically unreliable and therefore are not reported.

IMMUNIZATION

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease. (Healthy People Objective 14-29b)



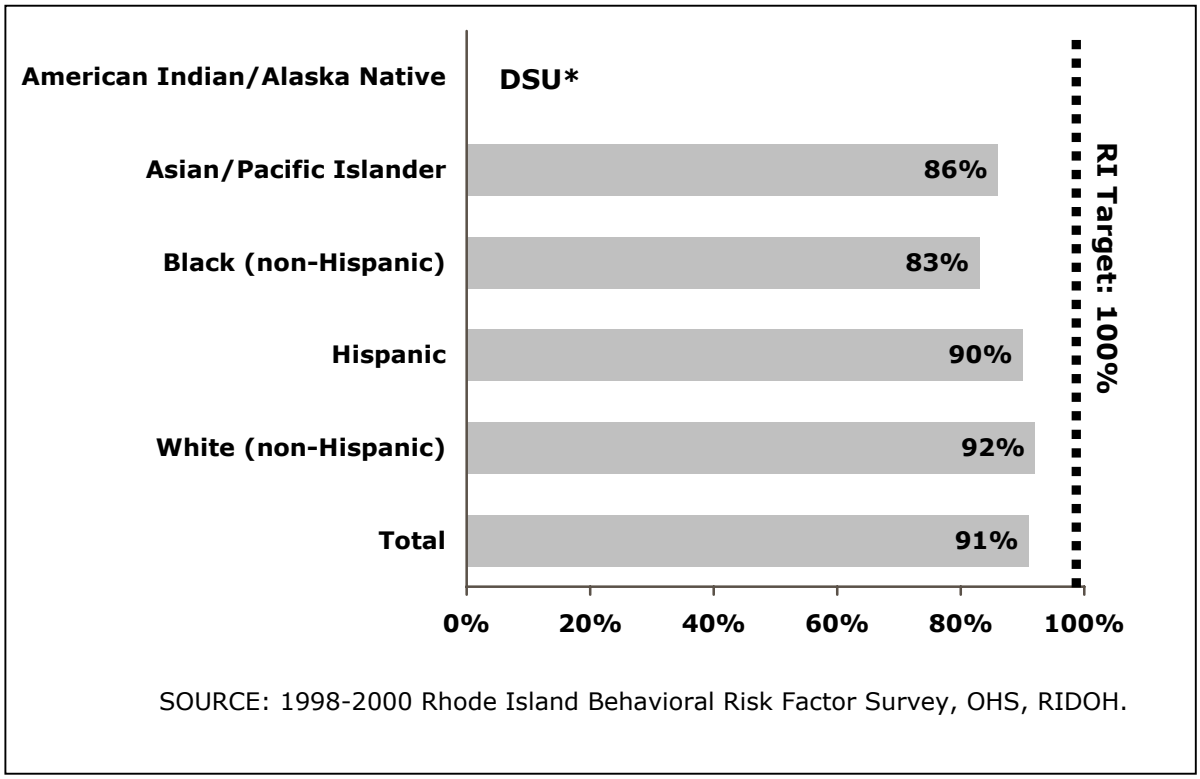
SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, RIDOH.

Currently, 58% of the population overall and the same percentage of the White population aged 65 and over have received the pneumococcal vaccination. Increasing the proportion of elders who receive a pneumococcal vaccination to 75% of that population is the target for the year 2010. Until data sample sizes are adequate for reliable reporting, assessment of disparity will not be possible.

*Data are statistically unreliable and therefore are not reported.

ACCESS TO HEALTH CARE

HRI Objective 10-1. Increase the proportion of persons with health insurance. (Healthy People 2010 Objective 1-1)



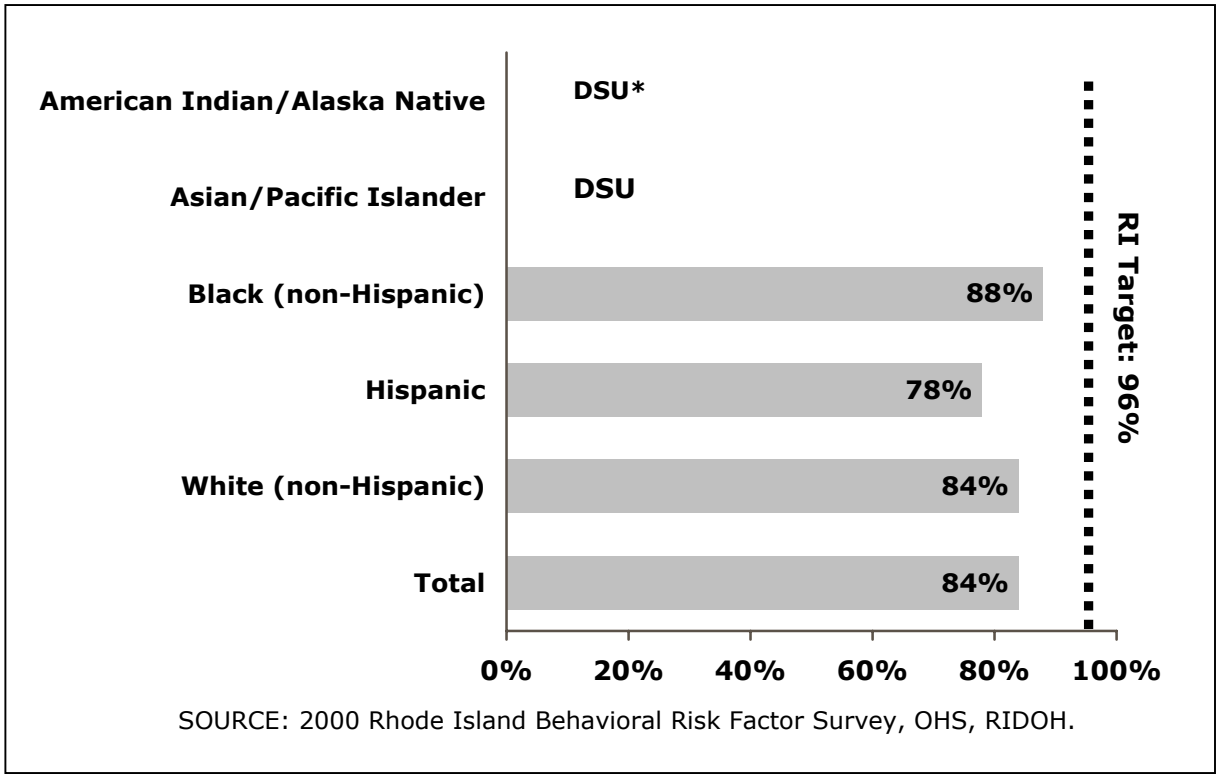
SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, RIDOH.

Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the BRFSS is the current data source for measuring this objective, data are available for adults only. White (non-Hispanic) adults have the highest rate of health insurance coverage at 92%. The rate of coverage among adult Hispanics is 90%. The rate among the adult Asian/Pacific Islanders is 86%. With a rate of 83%, Blacks (non-Hispanic) have the lowest rate of health insurance coverage of the groups with reportable data. Data for the American Indian/Alaska Native population are statistically unreliable.

*Data are statistically unreliable and therefore are not reported.

ACCESS TO HEALTH CARE

HRI Objective 10-2. Increase the proportion of persons who have a specific source of ongoing care. (Healthy People 2010 Objective 1-4a)



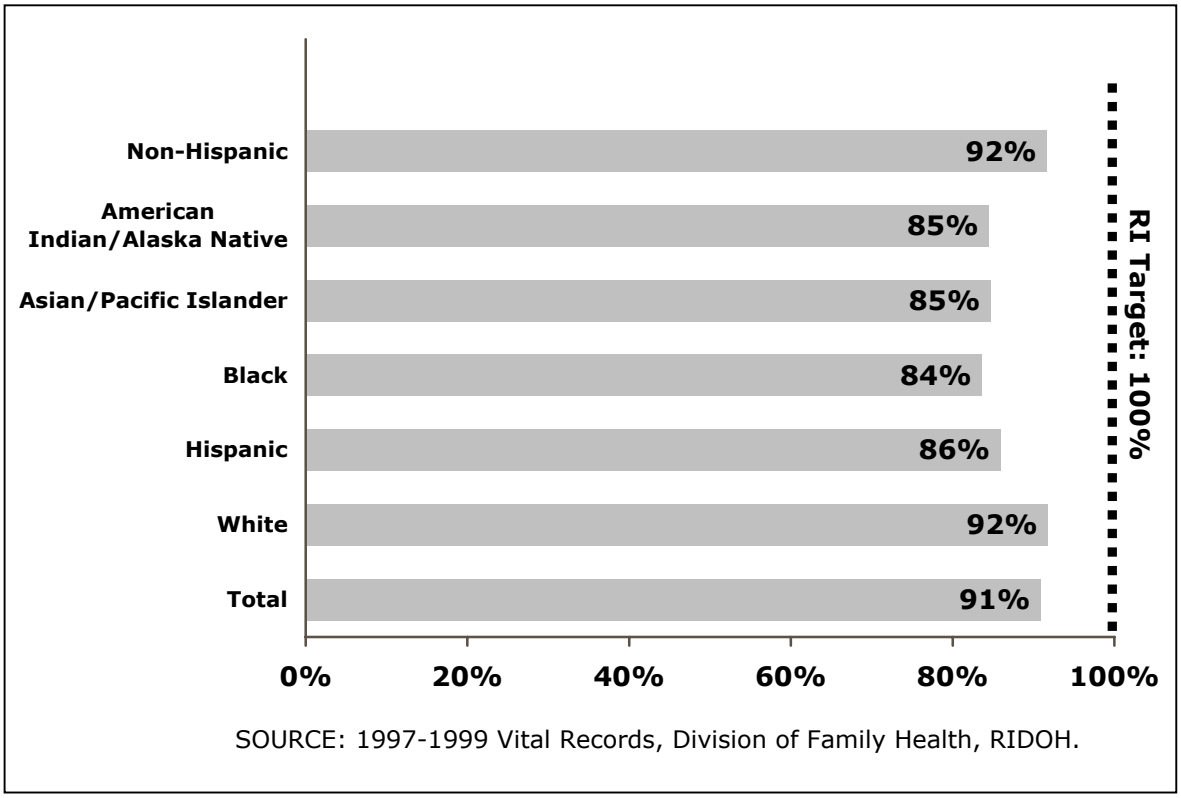
SOURCE: 2000 Rhode Island Behavioral Risk Factor Survey, OHS, RIDOH.

Overall, 84% of Rhode Islanders have a specific source of on-going health care. The target of 2010 is to have 96% of the population with a specific source of primary health care. Because the BRFSS is the current data source for measuring this objective, data are available for adults only. Rates are close for all of the racial and ethnic groups. At 88%, Blacks (non-Hispanic) have the highest rate of having a specific source of ongoing health care. Whites (non-Hispanic) have a rate of 84%, and Hispanics have the lowest rate at 78%.

*Data are statistically unreliable and therefore are not reported.

ACCESS TO HEALTH CARE

HRI Objective 10-3. Increase the proportion of pregnant women who receive early and adequate prenatal care. (Healthy People 2010 Objective 16-6b)



SOURCE: 1997-1999 Vital Records, Division of Family Health, RIDOH.

Current data show that 91% of pregnant women in Rhode Island receive early and adequate prenatal care. The target for 2010 is to have 100% of pregnant women receiving early and adequate prenatal care. Ninety-two percent (92%) of the White population receives prenatal care in the first trimester. Hispanic women in Rhode Island have a rate of 86% receiving early and adequate prenatal care. The American Indian/Alaska Native and Asian/Pacific Islander populations each have a rate of 85%. The lowest rate among these groups is the Black population, with a rate of 84% receiving early and adequate prenatal care.

Objectives for Which Race/Ethnicity Data Are Currently Not Available

SUBSTANCE ABUSE

HRI Objective 4-2. Reduce the proportion of adults using any illicit drug during the past 30 days (Healthy People Objective 26-10c).

SOURCE: 1999 National Household Survey on Drug Abuse, SAMHSA

The overall use of illicit drugs among Rhode Island adults is 7%. The target for the adult population is 6%. These data are based on a national survey and due to inadequate sample sizes for minority groups, rates for these groups cannot be calculated reliably. The Rhode Island Department of Health is collaborating with public health officials from each of the New England states in order to develop strategies for collecting data that are adequate for the assessment of disparities in this objective.

MENTAL HEALTH

DEPRESSION- AGE, GENDER, HOUSEHOLD INCOME, LEVEL OF EDUCATION, GEOGRAPHIC LOCATION, DISABILITY STAUTS

HRI Objective 6-1. Increase the proportion of adults with recognized depression who receive treatment. (Healthy People 2010 Objective 18-9-b).

SOURCE: 2002 Adjusted Behavioral Risk Fact Surveillance Survey.

Baseline data suggest that 51% of Rhode Island adults with recognized depression receive treatment for their depression. The 2010 target is to have 75% of Rhode Island adults with recognized depression receiving treatment for it. Because data on age, gender, disability status, household income, education, and geographic locations are not available, it is not possible to know whether the rate of treatment for depression among Rhode Islanders differs based on these factors.

MENTAL HEALTH

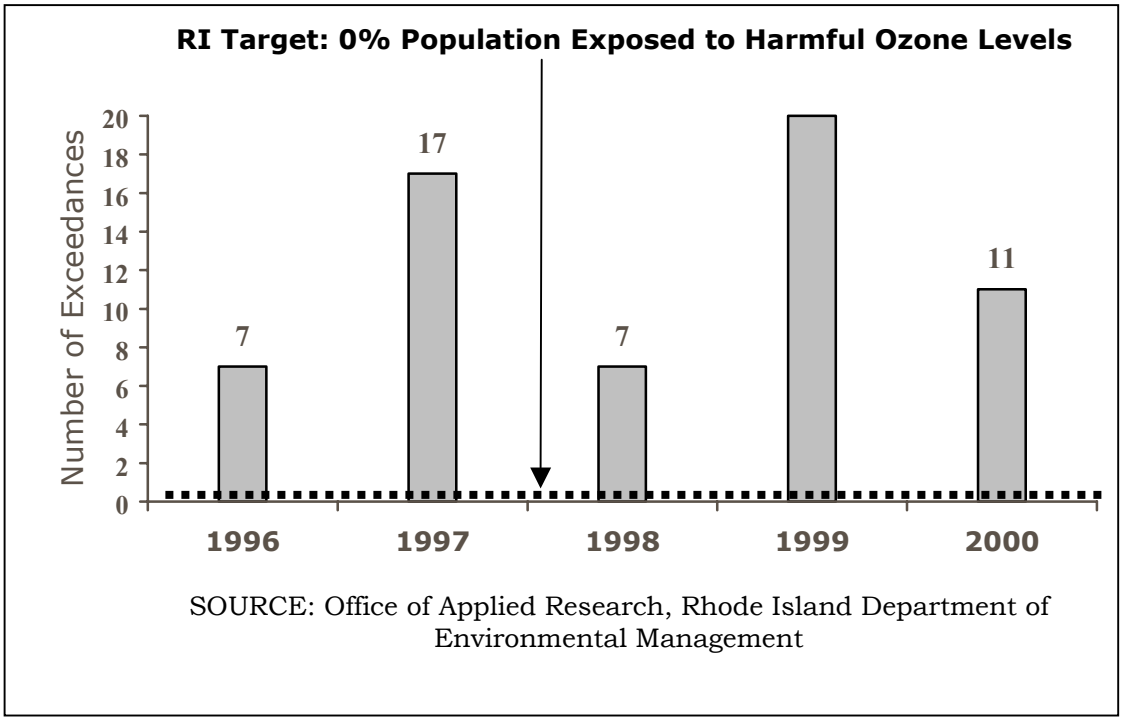
HRI Objective 6-2. Reduce the suicide rate (Healthy People 2010 Objective 18-1).

SOURCE: 1999 Vital Records, Division of Family Health, HEALTH.

The overall suicide rate in Rhode Island is 10 per 100,000 people. The target for the population is 4/100,000. Because data on race and ethnicity are not available for this objective, it is not possible to know whether the suicide rate among Rhode Islanders differs based on race and ethnicity.

ENVIRONMENTAL QUALITY

HRI Objective 8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone. (Healthy People 2010 Objective 8-1a)



SOURCE: Office of Applied Research, Rhode Island Department of Environmental Management

Rhode Island has three ozone monitoring stations in different locations throughout the state. In 1998, Rhode Island exceeded the U.S. Environmental Protection Agency's standard for ozone concentration a total of seven times. The target for 2010 is to have no exceedances. Exceedances refer to instances when the ozone concentration exceeds the standard set by the Environmental Protection Agency. Any exceedance leads to 100% exposure of the Rhode Island population. RI experienced 11 exceedances in 2000. Because this objective is not measured on a population basis, disparities between racial and ethnic groups cannot be measured.

ENVIRONMENTAL QUALITY

HRI Objective 8-2. Reduce the proportion of non-smokers exposed to environmental tobacco smoke.* (Healthy People 2010 Objective 27-10)

SOURCE: 2001 RI Health Interview Survey, OHS, HEALTH

Data show that 39% of persons live in households where smoking is permitted inside the house or inside the car all or most of the time. The majority of households surveyed report no household exposure to tobacco, including no regular smoking in the house or apartment, no regular smoking in the vehicle (for households with children under the age of 18), and have rules prohibiting smoking in the house or car. The target for reducing exposure to environmental tobacco smoke is 20%.

* A proxy measure was used for this objective – To reduce the proportion of persons living in households where smoking is permitted inside the house or inside the car all or most of the time. Data include household reporting no regular smoking in the house or apartment, no regular smoking in the vehicle (for households with children under the age of 18), and those that have rules prohibiting smoking in the house or car.

ENVIRONMENTAL QUALITY

HRI Objective 8-4: Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. (Healthy People 2010 Objective 8-5)

SOURCE: 2002 RI Office of Drinking Water Quality

Data show that 81% of Rhode Islanders who receive a supply of drinking water from community water systems get water that meets the regulations of the Safe Drinking Water Act. The target for 2010 is to have 95% of persons receiving water that meets the regulations of the Safe Drinking Water Act.

ENVIRONMENTAL QUALITY

HRI Objective 8-5: Increase the proportion of persons who live in homes tested for Radon concentrations. (Healthy People 2010 Objective 8-18)

SOURCE: 1994-2000 RI Radon Test Database

Data show that 5%* of persons live in homes that are tested for Radon concentrations. The target for 2010 is to have 10%* of persons living in homes tested for Radon concentrations.

* Does not include testing by non-certified individuals

ENVIRONMENTAL QUALITY

HRI Objective 8-6: Reduce infections caused by key foodborne pathogens. (Healthy People 2010 Objective 10-1)

a. Campylobacter species

SOURCE: 2002 RI Department of Health, Division of Disease Prevention and Control

Data from 2002 show that there were 16 cases of Campylobacter infection from food per 100,000 population. The target for 2010 is to reduce that number to 12 cases per 100,000 population.

ENVIRONMENTAL QUALITY

HRI Objective 8-6: Reduce infections caused by key foodborne pathogens. (Healthy People 2010 Objective 10-1).

b. Salmonella species

SOURCE: 2002 RI Department of Health, Division of Disease Prevention and Control

Data from 2002 show that there were 19 cases of Salmonella infection from food per 100,000 population. The target for 2010 is to reduce that number to 7 cases per 100,000 population.

~~OBJECTIVES FOR WHICH BASELINE DATA ARE CURRENTLY NOT AVAILABLE~~

~~MENTAL HEALTH~~

~~HRI Objective 6-1. Increase the proportion of adults 18 years and older with recognized depression who receive treatment.~~ ~~(Healthy People 2010 Objective 18-9b)~~

~~Data regarding the rate of depression and treatment for depression among adults has not been collected in Rhode Island. The Rhode Island Behavior Risk Factor Survey will be collecting this information in 2003. When data have been collected and analyzed, baselines will be calculated, a target will be set, and disparities can be assessed.~~

APPENDIX A

Crosswalk Between Healthy Rhode Islander 2010 Objectives and National Healthy People 2010 Objectives

Healthy Rhode Islander 2010 Objectives	Healthy People 2010 Objective
PHYSICAL ACTIVITY	
1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	22-2
1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	22-7
OVERWEIGHT and OBESITY	
2-1. Reduce the proportion of adults who are obese.	19-2
2-2. Reduce the proportion of children and adolescents who are overweight or obese.	19-3
2-3. Increase the proportion of persons aged 2 years and older who consume at least five daily servings of fruit and vegetables.	19-5, -6
TOBACCO USE	
3-1. Reduce cigarette smoking by adults.	27-1
3-2. Reduce cigarette smoking by adolescents.	27-2
SUBSTANCE ABUSE	
4-1. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.	26-10a
4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.	26-10c
4-3. ~~Reduce the proportion of persons engaging in binge drinking of alcoholic beverages~~Reduce binge drinking by adults in past 30 days.	26-11
RESPONSIBLE SEXUAL BEHAVIOR	
5-1. Increase the proportion of adolescents who have never had sexual intercourse, have abstained from sexual intercourse in the past three months, or used condoms at last sexual intercourse.	25-11
5-2. Increase the proportion of sexually active persons who use condoms.	13-6a
MENTAL HEALTH	
6-1. Increase the proportion of adults aged 18 years and older with recognized depression who receive treatment.	18-9b
6-2. Reduce the suicide rate.	18-1
INJURY and VIOLENCE	
7-1. Reduce deaths caused by motor vehicle crashes.	15-15
7-2. Reduce homicides.	15-32
ENVIRONMENTAL QUALITY	
8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.	8-1a
8-2. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.	27-10
8-3. Eliminate elevated blood lead levels in children.	8-11
8-4: Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.	8-5

Appendix B
Operational Definitions

This appendix summarizes the operational definitions for the 28 objectives included in Healthy Rhode Islanders 2010, identifies the data sources, measures, survey questions, periodicity of data collection, and other data issues related to monitoring these objectives over this decade.

Operational Definitions for Healthy Rhode Islanders 2010 objectives are based upon comparable national Healthy People 2010 objective operational definitions. The national operational definitions are from the U.S. Department of Health and Human Services publication, Tracking Healthy People 2010,[3] which is available electronically at: http://www.cdc.gov/nchs/hphome.htm

Additional information on the Rhode Island data sources can be found in the most recent edition of the *Health Data Inventory: A Compendium of Data Sources Maintained by the Rhode Island Department of Health* (http://www.health.state.ri.us/chic/statistics/data2002.pdf).

Operational definitions were prepared by:

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[3]U.S. Department of Health and Human Services. Tracking Healthy People 2010. Washington, DC: U.S. Government Printing Office, November 2000.

Physical Activity

1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS (See Comments).
Measure	Percent
Baseline	22 (1998 and 2000 combined).
Numerator	Number of adults aged 18 years and older who report light or moderate physical activity for at least 30 minutes five or more times per week.
Denominator	Number of adults aged 18 years and older in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998 and 2000 Behavioral Risk Factor Surveillance System: ➢ *1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?* *Yes No Don't know/Not sure Refused* *If yes:* ➢ *2. What type of physical activity or exercise did you spend the most time doing during the past month?* *Activity [specify]: __ __*

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing - in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking - cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game - deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating - ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing
44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking
52. Waterskiing
53. Weight lifting
54. Other_____
55. Bicycling machine exercise
56. Rowing machine exercise

If response is running, jogging, walking, or swimming (Activity 22, 30, 51, or 46):

- *2a. How far did you usually walk/run/jog/swim?*
  Miles and tenths _ _ . _
  Don't know/Not sure
  Refused

- *3. How many times per week or per month did you take part in this activity during the past month?*
  Times per week 1____
  Times per month 2____
  Don't know/Not sure
  Refused

- *4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?*
  Hours and minutes _:_ _
  Don't know/Not sure
  Refused

- *5. Was there another physical activity or exercise that you participated in during the last month?*
  Yes
  No
  Don't know/Not sure
  Refused

If yes:

- *5a. What other type of physical activity gave you the next most exercise during the past month?*
  Activity [specify]: __ __ (SEE ACTIVITY LIST ABOVE)
  Refused

(Repeat questions 2a, 3, and 4 from above.)

Expected Periodicity Biennial.

Comments

Adults are classified as participating in light or moderate physical activity if they report participating in an activity in the past month 5 to 28 times per week and 30 to 720 minutes for each time.

National data are not comparable to Rhode Island estimates: the data sources are different, the national survey is administered by personal interview, and the State survey is administered by telephone; the questions are different with neither survey accounting for people whose jobs may require regular or vigorous physical activity that is not reported in response to these questions; and the national data are age adjusted to the 2000 standard population, Rhode Island data are not.

1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Rhode Island Data Source

Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.

National Data Source

Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

Measure

Percent.

Baseline

62 (1997).

Numerator

Number of students in grades 9 through 12 who report exercising or participating for at least 20 minutes in physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey.

Denominator

Number of students in grades 9 through 12 in the survey population.

Population Targeted

Students in grades 9 through 12.

Questions Used To Obtain Rhode Island Data

From the 1997 Youth Risk Behavior Surveillance System:

- *On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?*

0 days
1 day
2 days
3 days
4 days
5 days
6 days
7 days

Expected Periodicity

Biennial.

Comments

This objective differs from Healthy People 2000 objective 1.4, which used different question wording. The former YRBSS question was: "On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?"

The national data are from the 1999 YRBS while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

Overweight and Obesity

2-1. Reduce the proportion of adults who are obese.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS (See Comments).
Measure	Percent
Baseline	17 (1998–2000).
Numerator	Number of persons aged 20 years and older with a BMI at or above 30.0, based upon self-reported height and weight.
Denominator	Number of persons in the survey population aged 20 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998-2000 Behavioral Risk Factor Surveillance System: ➢ *About how much do you weigh without shoes?* *Weight _____pounds (round)* *Don't know/Not sure* *Refused* ➢ *About how tall are you without shoes?* *Height __ __ / __ __ (Feet/Inches)* *Don't know/Not sure* *Refused*
Expected Periodicity	Annual.
Comments	BMI is calculated in two steps: 1) Conversion: convert weight from pounds to kilograms (weight in kilograms = weight in pounds / 2.2046) and height from inches to meters (height in meters = height in inches / 39.37). 2) Calculation: BMI = (weight in kilograms/ [height in meters]^2).

Rhode Island data are not comparable to national data: the data sources are different (medical examination vs. telephone-based survey), NHANES obtains measured weights and heights without shoes while BRFSS uses self-reported heights and weights (body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those derived from measured height and weight); national data are age adjusted to the 2000 standard population, Rhode Island data are not.

2-2. Reduce the proportion of children and adolescents who are overweight or obese.

Children and adolescents aged 6 to 19 years.

Rhode Island Data Source	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Measure	Percent.
Baseline	25% (2001).
Numerator	Number of children and adolescents aged 6 to 19 years with a BMI at or above the gender- and age-specific 95th percentile from the CDC Growth Charts: United States.
Denominator	Number of children and adolescents in the survey population aged 6 to 19 years.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2001 Rhode Island Health Interview Survey: ➢ *About how much do (you/person) weigh without shoes on?* *Weight _____pounds (round)* *Don't know/Not sure* *Refused* ➢ *About how tall are (you/person) without shoes on?* *Height __ __ / __ __ (Feet/Inches)* *Don't know/Not sure* *Refused*
Expected Periodicity	Biennial.

Comments

BMI is calculated in two steps:

1) Conversion: convert weight from pounds to kilograms (weight in kilograms = weight in pounds / 2.2046) and height from inches to meters (height in meters = height in inches / 39.37).

2) Calculation: BMI = (weight in kilograms/ (height in meters)^2).

The gender- and age-specific 95th percentile CDC Growth Charts: United States can be found at the following website: http://www.cdc.gov/growthcharts/

Rhode Island data are not comparable to national data: the data sources are different (medical examination vs. telephone-based survey), NHANES obtains measured weights and heights without shoes while BRFSS uses self-reported heights and weights (body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those derived from measured height and weight); national data are age adjusted to the 2000 standard population, Rhode Island data are not.

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2-3. Increase the proportion of persons aged 18 years and older who consume at least five daily servings of fruit/vegetables.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	Continuing Survey of Food Intakes by Individuals (CSFII), USDA, ARS (See Comments).
Measure	Percent.
Baseline	27 (1998 and 2000 combined).
Numerator	Number of persons aged 18 years and older who report consuming five or more servings of fruit and/or vegetables daily.
Denominator	Number of persons in the survey population aged 18 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.

Questions Used To Obtain Rhode Island Data

From the 1998 and 2000 Behavioral Risk Factor Surveillance System:

For each of the following questions the possible responses are the number of servings:

____ Per day
____ Per week
____ Per month
____ Per year
Never
Don't know/Not sure
Refused

- *How often do you drink fruit juices such as orange, grapefruit, or tomato?*
- *Not counting juice, how often do you eat fruit?*
- *How often do you eat green salad?*
- *How often do you eat potatoes not including french fries, fried potatoes, or potato chips?*
- *How often do you eat carrots?*
- *Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)*

Expected Periodicity

Biennial.

Comments

State-level data on fruit and vegetable consumption are collected biennially by BRFSS for persons 18 years and older. No State-level data for younger children are available from this surveillance system. These data enable Rhode Island to track (1) the proportion of the population that consumes five or more servings of fruits and vegetables daily, (2) mean intakes and trends in consumption, and (3) consumption of selected fruit and vegetable items. However, the food items and dietary data collection methods used in the BRFSS differ from those used by CSFII to track Healthy People 2010 objectives 19-5 and 19-6.

This objective is not included in the national set of objectives selected to monitor the progress of the Leading Health Indicator Overweight and Obesity.

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Tobacco Use

3-1. Reduce cigarette smoking by adults.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	23 (1998-2000).
Numerator	Number of adults aged 18 years and older who have smoked at least 100 cigarettes in lifetime and who now report smoking cigarettes everyday or some days.
Denominator	Number of adults aged 18 years and older in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998 Behavioral Risk Factor Surveillance System: ➢ *Have you smoked at least 100 cigarettes in your entire life?* *Yes* *No* *Don't Know/Not Sure* *Refused* [If yes:] ○ *Do you now smoke cigarettes everyday, some days, or not at all?* *Everyday* *Some days* *Not at all* *Refused*
Expected Periodicity	Annual.
Comments	Persons are considered as using cigarettes if they report that they smoked at least 100 cigarettes in their lifetime and now report smoking cigarettes everyday or some days.

While the questions from the BRFSS are comparable to those included in the NHIS, the national data are not comparable to Rhode Island data; data from the NHIS are age adjusted to the 2000 standard population, the Rhode Island BRFSS data are not.

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3-2. Reduce cigarette smoking by adolescents.

Rhode Island Data Source	Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.
National Data Source	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
Measure	Percent.
Baseline	35 (1997).
Numerator	Number of students in grades 9 through 12 who reported having smoked cigarettes on 1 or more of the 30 days preceding the survey.
Denominator	Number of students in grades 9 through 12 in the survey population.
Population Targeted	Students in grades 9 through 12.
Questions Used To Obtain Rhode Island Data	From the 1997 Youth Risk Behavior Survey: ➢ *During the past 30 days, on how many days did you smoke cigarettes?*
Expected Periodicity	Biennial.
Comments	The national data are from 1999 while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

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Substance Abuse

4-1. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

Rhode Island Data Source	Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.
National Data Source	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Measure	Percent.
Baseline	45 (1997).
Numerator	Number of students in grades 9-12 who reported not using any alcohol, marijuana, or cocaine in the past 30 days.
Denominator	Number of students in grades 9-12 in the survey population.
Population Targeted	Students in grades 9-12.
Questions Used To Obtain Rhode Island Data	From the 1997 Youth Risk Behavior Survey:

- *During the past 30 days, on how many days did you have at least one drink of alcohol?*
  - *0 days*
  - *1 or 2 days*
  - *3 to 5 days*
  - *6 to 9 days*
  - *10 to 19 days*
  - *20 to 29 days*
  - *All 30 days*
  - *Missing*
- *During the past 30 days, how many times did you use Marijuana?*
  - *0 times*
  - *1 or 2 times*
  - *3 to 9 times*
  - *10 to 19 times*
  - *20 to 39 times*
  - *40 or more times*
  - *Missing*

- *During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?*
  - *0 times*
  - *1 or 2 times*
  - *3 to 9 times*
  - *10 to 19 times*
  - *20 to 39 times*
  - *40 or more times*
  - *Missing*

Expected Periodicity Biennial.

Comments Alcohol or illicit drug use by students in grades 9-12 is a proxy measure, and is not comparable to the national data. Rhode Island estimates are based upon students in grades 9-12 who reported not using any alcohol, marijuana, or cocaine in the past 30 days.

The national data from NHSDA track adolescents ages 12-17 years who did not use any of the following substances in the past month: alcohol, marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives. The answers for each of the substances are examined for each respondent. Persons are considered to have not used alcohol or illicit drugs if they report no use in the past 30 days of any one of the substances.

Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.

Rhode Island Data Source National Household Survey on Drug Abuse (NHSDA), SAMHSA.

National Data Source National Household Survey on Drug Abuse (NHSDA), SAMHSA.

Measure Percent.

Baseline 7 (1999).

Numerator Number of adults aged 18 years and older who report use of any illicit drugs during the past 30 days.

Denominator Number of adults aged 18 years and older.

Population Targeted Rhode Island civilian, noninstitutionalized population.

Questions Used To Obtain Rhode Island Data From the 1999 National Household Survey on Drug Abuse:

[The following question is asked separately for each illicit drug: marijuana or hashish, cocaine, "crack," heroin, hallucinogens, and inhalants:]

- *How long has it been since you last used [marijuana or hashish]?*

  If your answer is within the past 30 days, mark the first box.
  If your answer is more than 30 days ago but within the past 12 months, mark the second box.
  If your answer is more than 12 months ago but within the past 3 years, mark the third box.
  If your answer is more than 3 years ago, mark the next-to-last box.
  If you have never used [marijuana/hashish] in your life, mark the last box.

[The following questions are asked separately for non-medical use of the following: analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives:]

- *As you read the following list of [analgesics (prescription pain killers)/tranquilizers/ stimulants/sedatives], please mark one box beside each [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] to indicate whether you have ever used that [analgesic (prescription pain killer)/tranquilizer/ stimulant/sedative] when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of [analgesics (prescription pain killers)/ tranquilizers/stimulants/sedatives], in pill or non-pill form.*

  [This question is followed by a list of common drugs specific to each of the following categories: analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives.]

- *Have you ever used a [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused? If "YES," mark the first box, if "NO," mark the second box.*

- *Have you ever used an <u>other</u> [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] besides the ones listed above, that was not prescribed for you, or that you took only for the experience or feeling it caused? PLEASE PRINT NAME(S) OF OTHER [ANALGESICS (PRESCRIPTION PAIN KILLERS)/TRANQUILIZERS/STIMULANTS/SEDATIVES] BELOW. If "YES," mark the first box, if "NO," mark the second box.*

  [If the respondent reported use of any [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] they are asked:]

  - *How long has it been since you last used [an analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] that was not prescribed for you, or that you took only for the experience or feeling it caused?*

    If your answer is within the past 30 days, mark the first box.
    If your answer is more than 30 days ago but within the past 12 months, mark the second box.
    If your answer is more than 12 months ago but within the past 3 years, mark the third box.
    If your answer is more than 3 years ago, mark the next-to-last box.

Comments

Illicit drug use is defined as using <u>at least one</u> of the following substances in the past month: marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives.

Respondents are considered to have used illicit drugs if they report use in the past 30 days of any of the listed substances.

Data are only available from NHSDA for statewide estimates at this time (http://www.samhsa.gov/oas/NHSDA/99StateTabs/toc.htm). Currently NHSDA does not provide select population estimates for each state. Rhode Island data are based upon small area estimation modeling techniques, as described by NHSDA. (http://www.samhsa.gov/oas/NHSDA/99StateTabs/Preface.htm#TopOfPage)

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4-3. ~~Reduce the proportion of persons engaging in binge drinking of alcoholic beverages~~Reduce binge drinking by adults in past 30 days.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Measure	Percent.
Baseline	16 (1999).
Numerator	Number of adults aged 18 years and older who report having five or more drinks on an occasion, one or more times in the past month.
Denominator	Number of adults aged 18 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1999 Behavioral Risk Factor Surveillance System: ➢ *During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?* *Yes* *No* *Don't know/Not sure* *Refused* *Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?* *Number of times __ __* *None* *Don't know/Not sure7* *Refused*
Expected Periodicity	Biennial.
Comments	These data are not comparable with estimates obtained to track the national objective; the data sources are different and the questions from BRFSS and NHSDA used to measure the objective are different.

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Responsible Sexual Behavior

5-1. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

Rhode Island Data Source
Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

National Data Source
Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

Measure
Percent.

Baseline
86 (1997).

Numerator
Number of students in grades 9 through 12 who report that they have never had sexual intercourse; or who have had sexual intercourse, but not in the past 3 months; or who have had sexual intercourse in the past 3 months but used a condom at last sexual intercourse.

Denominator
Number of students in grades 9 through 12 in the survey population.

Population Targeted
Students in grades 9 through 12.

Questions Used To Obtain Rhode Island Data
From the 1997 Youth Risk Behavior Surveillance System:

- *Have you ever had sexual intercourse?*
- *During the past three months, with how many people have you had sexual intercourse?*

  I have never had sexual intercourse
  I have had sexual intercourse, but not in the past 3 months
  1 person
  2 people
  3 people
  4 people
  5 people
  6 or more people
- *The last time you had sexual intercourse, did you or your partner use a condom?*

  I have never had sexual intercourse
  yes
  no

Expected Periodicity
Biennial.

Comments The national data are from 1999 while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

5-2. Increase the proportion of sexually active persons who use condoms.

(Developmental) Females aged 18 to 44 years.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Survey of Family Growth (NSFG), CDC, NCHS.
Measure	30 (2002).
Baseline	Data are being collected (2002).
Numerator	Number of sexually active, unmarried females aged 18 to 44 years who reported using a condom at last sexual intercourse.
Denominator	Number of sexually active, unmarried females aged 18 to 44 years in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2002 Behavioral Risk Factor Surveillance System:

During the past 12 months, with how many people have you had sexual intercourse?

Number__ __
None
Don't know/ Not sure
Refused

Was a condom used the last time you had sexual intercourse?

Yes
No
Don't know/ Not sure
Refused

Are you:

Married
Divorced
Widowed
Separated
Never married
A member of an unmarried couple?

Refused

Expected Periodicity Periodic.

Comments Sexually active is defined as having sexual intercourse with one or more partners in the past 12 months.

Data from Rhode Island are not comparable with the national data for this objective. The data sources, survey methodology, and survey questions are different. The definitions for being sexually active differ between surveys. In the NSFG, sexually active are those women who have had intercourse in the 3 months prior to interview, and condom use is defined as either using a female condom (vaginal pouch) or their partner used a condom (rubber) at their last intercourse.

(Developmental) Males aged 18 to 49 years.

Rhode Island Data Source Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

National Data Source National Survey of Family Growth (NSFG), CDC, NCHS.

Measure 47% (2002).

Baseline Data are being collected (2002).

Numerator Number of sexually active, unmarried males aged 18 to 49 years who reported using a condom at last sexual intercourse.

Denominator Number of sexually active, unmarried males aged 18 to 49 years in the survey population.

Population Targeted Rhode Island civilian, noninstitutionalized population.

Questions Used To Obtain Rhode Island Data From the 2002 Behavioral Risk Factor Surveillance System:

During the past 12 months, with how many people have you had sexual intercourse?

Number__ __
None
Don't know/Not sure
Refused

Was a condom used the last time you had sexual intercourse?

Yes
No
Don't know/Not sure
Refused

Are you:

Married
Divorced
Widowed
Separated
Never married
A member of an unmarried couple?

Refused

Expected Periodicity

Periodic.

Comments

Sexually active is defined as having sexual intercourse with one or more partners in the past 12 months.

Data from Rhode Island are not comparable with the national data for this objective. The data sources, survey methodology, and survey questions are different. The definitions for being sexually active differ between surveys. In the NSFG, sexually active are those men who have had intercourse in the 3 months prior to the interview, and condom use is defined as either the female partner using a female condom (vaginal pouch) or the male partner using a condom (rubber) at their last intercourse.

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Mental Health

6-1. Increase the proportion of adults with recognized depression who receive treatment.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
National Data Source	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Measure	Percent.
Baseline	51 (2002).
Numerator	Number of adults aged 18 years and older who report symptoms of depression and that they received help from a mental health professional.
Denominator	Number of adults aged 18 years and older in the survey population who report symptoms of depression.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2002 Behavioral Risk Factor Surveillance System.÷ Note: In 2002, due to miscommunications questions RI11_1a and RI11_2a were omitted from the set of questions used to obtain a measure of major depressive episode. The complete set of questions will be used on RI's BRFSS in 2005. See comment below for explanation of method used to obtain baseline data from the 2002 BRFSS data. *RI11_1 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?* *1 Yes {**Go to RI11_2**}* *2 No {**Go to RI11_1a**}* *3 If volunteered: "I was on medication1antidepressants" {**Go to RI11_1a**}* *7 Don't know/Not sure {**Go to RI11_1a**}* *9 Refused {**Go to Next** **RI11_1a**}*

RI11_1a. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1 *Yes* ***{Go to RI11_2a}***
2 *No* ***{Go to RI11_1a}***
4 *If volunteered: "I was on medication.antidepressants"* ***{Go to RI11_1a}***
7 Don't know/Not sure **{Go to RI11_1a}**
9 Refused **{Go to Next RI11_1a}**

RI11_2.For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time, did the feeling of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1 *All day long* ***(Go to RI11_3)***
2 *Most of the day* ***(Go to RI11_3)***
3 *About half the day* ***(Go to RI11_3)***
4 *Less than half the day* ***(Go to RI11_3)***
7 *Don't know/Not sure* ***(Go to RI11_3)***
8 *Refused* ***(Go to RI11_3)***

RI11_2a. For the next few questions, please think of the Two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

1 *All day long*
2 *Most of the day*
3 *About half the day*
4 *Less than half the day*
7 *Don't know/Not sure*
9 *Refused (Go to RI11_3)*

RI11_3. During those two weeks, did you feel this way every day, almost every day, or less often?

1 *Every day*
2 *Almost every day*
3 *Less often*
7 *Don't know/Not sure*
9 *Refused*

RI11_4. (If RI11_1a = 1 go to RI11_5) During those two weeks, did you lose interest in most things?

1 Yes
2 No
3 Don't know/Not sure
4 Refused

RI11_5 (During those two weeks) Did you feel tired out or low energy all the time?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_6. (During those two weeks) Did you gain weight, lose weight, or stay about the same?

(Interviewer: If R asks "Are we still talking about the same two weeks?" Answer "Yes.")

1 Gained weight
2 Lost weight
3 Both gained and lost
4 Stayed the same ***{Go to RI11_8}***
5 Was on diet (If volunteered) ***{Go to RI11_8}***
7 Don't Know/Not sure {Go To RI11_8}
9 Refused ***{Go to RI11_8}***

RI11_7. About how much did you (gain/lose?)

777 Don't know/Not sure
999 Refused

RI11_8. (During those two weeks) Did you have more trouble falling asleep than you usually do?

1 Yes
2 No ***{Go to RI11_10}***
7 Don't know/Not sure ***{Go to RI11_10}***
9 Refused ***{Go to RI11_10}***

RI11_9. Did that happen every night, nearly every night, or less often during those two weeks?

1 Every night
2 Nearly every night
3 Less often
7 Don't know/Not sure
9 Refused

RI11_10. (During those two weeks) Did you have more trouble concentrating than usual?

(Interviewer: If R asks "Are we still talking about the same two week?" Answer "yes.")

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_11. At these times, people sometimes feel down on themselves, no good, worthless. (During those two weeks) Did you feel this way?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_12. (During those two weeks) Did you think a lot about death-- either your own, someone else's or death in general?

(Interviewer: If R asks "Are we still talking about the same two week?" Answer "yes.")

1 Yes
2 No
7 Don't know/Not sure
9 Refused

{IF YES TO RI11_1 GO TO RI11_13, OTHERWISE GO TO NEXT SECTION}

NOW WE HAVE SOME QUESTIONS ABOUT MEDICAL TREATMENTS YOU MAY HAVE HAD AS AN OUTPATIENT OR IN A HOSPITAL.

RI11_13. Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_14. During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?

__ __ Number of overnight psychiatric stays
88 None
77 Don't know/Not sure
99 Refused

Expected Periodicity

Annual.

Comments

This objective is based on questions used in the 1997 NHSDA, the baseline for the national objective. These questions were included in a state-added module in the 2002 BRFSS and are expected to be measured annually or by the BRFSS.

A depression index, which is constructed based upon the responses to the depression screening questions, will be used to derive an estimate of those persons with recognized depression. The depression index is based upon the same index used to derive the national baseline estimates for this objective.

Questions RI 1_1 and RI 1_1a are critical screening questions determining which respondents will be asked the full set of questions used to determine whether or not respondents experienced Major Depressive Episode during the prior 12 months. A prevalence estimate based only on the first screening question will be an under estimate. Only persons responding positively to RI1_1 and RI1_1a are asked the questions about medical treatment for psychological or emotional problems. Therefore a treatment estimate would also be an underestimate if RI1_1a was not asked. In order to make use of the data that was collected in 2002, we obtained the NHSDA 1997 dataset and determined what proportion of the total prevalence estimate for MDE and for MDE receiving treatment was accounted for by the second screening question. The second screening question accounted for only a small fraction of the total prevalence estimate of MDE in the National Data and for only a small fraction of the treatment estimate in the National Data. We extrapolated from the national data to the RI data to arrive at an estimate of total prevalence for MDE in RI, and at a total prevalence estimate for treatment in RI. Results of this estimation process are reflected in the baseline prevalence estimate and target which appear in reports published in 2004 and later. Information on the methods used in this estimation process for the BRFSS 2002 data are available from the Office of Health Statistics, RI Department of Health.

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6-2. Reduce the suicide rate.

RI Data Source

National Vital Statistics System (NVSS), CDC,

	NCHS.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	6.1 (Mental Health and Mental Disorders) (also 7.2), age adjusted to 2000 standard population.
Measure	Rate per 100,000 (age adjusted).
Baseline	10/100,000 (1999)
Numerator	Number of deaths due to suicide (ICD-9 codes E950-E959).
Denominator	Number of persons.
Population Targeted	RI resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	Suicides may be undercounted because of difficulty in the determination of suicidal intent by coroner or medical examiner. Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates.

Injury and Violence

7-1. Reduce deaths caused by motor vehicle crashes.

Rhode Island Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	9 (1996-98).
Numerator	Number of unintentional injury traffic deaths (ICD-9 codes E810.0-E819.9).
Denominator	Number of persons.
Population Targeted	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	Data are abstracted from CDC/WONDER data system, and are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates.

7-2. Reduce homicides.

Rhode Island Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	3 (1996-98).
Numerator	Number of deaths due to homicides (ICD-9 codes E960-E969).
Denominator	Number of persons.

Population Targeted	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	Data are abstracted from CDC/WONDER data system, and are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. This measure also differs slightly from the cause of death, homicide and legal intervention (ICD-9 E960-E978), which is shown in other publications.[1, 2]

Environmental Quality

8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for harmful ozone.

Rhode Island Data Source	Rhode Island Department of Environmental Management(RI DEM); Aerometric Information Retrieval System, EPA, OAR.
National Data Source	Aerometric Information Retrieval System, EPA, OAR.
Measure	Percent.
Baseline	100 (1998).
Numerator	Number of persons living in nonattainment areas that exceed the National Ambient Air Quality Standards (NAAQS) for ozone in 1998.
Denominator	Number of persons residing in Rhode Island.
Population Targeted	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	All areas (100 percent) are required by law to come into attainment no later than 2012 for all pollutant criteria except particulate matter 2.5, which will come into attainment by 2017. EPA's air quality monitoring and NAAQS data collection have historically taken place in large urban centers and other appropriate areas generally considered to have the Nation's poorest air quality. Nonattainment areas may include single counties, multiple counties, parts of counties, municipalities, or combinations of the preceding jurisdictions. When an area is designated as "nonattainment," it retains this status for 3 years, regardless of annual changes in air quality. Nonattainment areas may also include jurisdictions in which the source of the pollutants are located, even if that jurisdiction meets all NAAQS. The areas monitored may change over time to reflect changes in air quality or the pollutants being monitored.

The population estimates used for the baseline are based on 1990 census estimates and do not reflect growth or depletion of population since that date. The NAAQS were revised in 1997 by EPA, but the revisions are currently being contested in court; resolution of the court case may affect the population estimates in the baseline.

8-2. Reduce the proportion of non-smokers exposed to environmental tobacco smoke.

Rhode Island Data Source	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Measure	Percent
Baseline	39 (2001)
Numerator	Number of households that report that there is no smoking regularly inside the house or apartment, no smoking in any vehicle used by the family for transportation, and that there are rules against smoking in the house or apartment or family vehicle.
Denominator	Number of households in survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2001 Rhode Island Health Interview Survey:

Do you or does someone else smoke regularly inside your house or apartment?

Yes
No
Don't know/Not sure
Refused

Do you or does someone else smoke regularly inside the vehicle your family uses for transportation?

Yes
No
Don't know/Not sure
Refused

Which statement best describes the rules about smoking inside your home? PLEASE READ:

Smoking is not allowed anywhere inside your home
Smoking is allowed in some places or at some times
Smoking is allowed anywhere inside the home
There are no rules about smoking inside the home

Don't know/Not sure
Refused

Which statement best describes rules about smoking inside your car? PLEASE READ:

Smoking is not allowed anytime
Smoking is allowed anytime
Smoking is not allowed when there are children in the car
There are no rules about smoking inside the car
Nobody smokes who uses the car (volunteered)

Don't know/Not sure
Refused

Expected Periodicity Biennial starting in 2001.

Comments Data are not comparable with national baseline for this objective. National data are from NHANES, a medical examination-based survey, and are based upon cotinine levels in the participant's blood. Rhode Island data are from the RI-HIS and are based upon responses to survey questions. National data are also age-adjusted to the 2000 standard population; Rhode Island data are not.

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8-3. Eliminate elevated blood lead levels in children.

Rhode Island Data Source Childhood Lead Poisoning Prevention Program, Rhode Island Department of Health.

National Data Source National Health and Nutritional Examination Survey (NHANES), CDC, NCHS.

Measure Percent.

Baseline 9 (2000).

Numerator Number of children less than 72 months (under 6 years) with blood lead levels meeting or exceeding 10µg/dL.

Denominator Number of children less than 72 months (under 6 years) screened annually for blood lead levels.

Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	This objective differs from the national data, which monitors children aged 1 to 5 years. Once a child is tested and has an elevated blood lead level, that child is likely to be re-tested in subsequent years, and may reappear in estimates that span across years for the Lead Screening Data, Childhood Lead Poisoning Prevention Program.

Immunization

9-1. Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years.

Rhode Island Data Source	National Immunization Survey (NIS), CDC, NIP and NCHS.
National Data Source	National Immunization Survey (NIS), CDC, NIP and NCHS.
Measure	Percent.
Baseline	81 (2000).
Numerator	Number of children aged 19 to 35 months receiving at least four doses of diphtheria-tetanus-acellular pertussis (DtaP), at least three doses of polio, at least one dose of measles-mumps-rubella (MMR), at least three doses of *Haemophilus influenzae* B (Hib), and at least three doses of hepatitis B antigens.
Denominator	Number of children aged 19 to 35 months.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2000 National Immunization Survey Household Survey: ➢ *How many D-T-P or D-T shots (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, three-in-one shot) has (Sample child) ever received?*

- *How many polio vaccine shots (by mouth, pink drops, or by a polio shot) has (Sample child) ever received?*
- *How many measles or M-M-R (Measles-Mumps-Rubella) shots has (Sample child) ever received?*
- *How many H-I-B shots (this is for Meningitis and is called Haemophilus Influenzae), H-I-B vaccine, or H flu vaccine has (Sample child) ever received?*
- *How many Hepatitis B shots has (Sample child) ever received?*
- *Other shots received?*

From the 2000 National Immunization Survey Provider Record Check:

- *Specify month, day and year that each immunization was given, either by the office or another provider (OP), as documented in the records.*

Expected Periodicity

Annual.

Comments

Any new vaccines that have been universally recommended for at least 5 years will be added to the series over the course of Healthy People 2010.

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among children aged 19 to 35 months. Estimates of vaccine-specific coverage are available for the United States, each State, and 28 urban areas considered to be high risk for under-vaccination. NIS uses a two-phase sample design. First, a random-digit-dialing (RDD) sample of telephone numbers is drawn. In 1995, 69 percent of households with age-eligible children completed vaccination interviews, yielding data for 31,997 children.

The interviewer also asks for permission to contact the vaccination provider. In the second phase, all vaccination providers are contacted by mail. Vaccination information from providers' records was obtained for 52 percent of all children who were eligible for provider follow-up in 1995 and 64 percent in 1996. Providers' responses are combined with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for noncoverage of nontelephone households.

For further information, visit the National Immunization Survey Web site at http://www.nisabt.org/.

Statistical adjustments are made to minimize bias due to (1) lower coverage among children living in households without telephones, (2) discrepancies between vaccinations reported by household compared with immunization providers, and (3) differences in race/ethnic population distribution in sample compared to race/ethnic population distribution at birth.

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9-2. Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Noninstitutionalized adults aged 65 years and older

Influenza vaccine.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	74 (1998 and 2000 combined).
Numerator	Number of adults aged 65 years and older who report receiving an influenza vaccination in the past 12 months.
Denominator	Number of adults aged 65 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1999 Behavioral Risk Factor Surveillance System: ➢ *During the PAST 12 MONTHS, have you had a flu shot?* *Yes* *No* *Don't Know/Not Sure* *Refused*
Expected Periodicity	Annual.
Comments	Rhode Island baseline data are not comparable to the national baseline for this objective. National data are age adjusted to the 2000 standard population.

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Pneumococcal vaccine.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	58 (1998 and 2000 combined).
Numerator	Number of adults aged 65 years and older who report ever receiving a pneumococcal vaccination.
Denominator	Number of adults aged 65 years and older in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1999 Behavioral Risk Factor Surveillance System: ➢ *Have you EVER had a pneumonia vaccination?* *Yes* *No* *Don't Know/Not Sure* *Refused*
Expected Periodicity	Annual.
Comments	Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.

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Access to Health Care

10-1. Increase the proportion of persons with health insurance.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	91 (1998-2000).
Numerator	Number of persons under age 65 years who report coverage by any type of public or private health insurance.
Denominator	Number of persons aged18-64 years in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2000 Behavioral Risk Factor Surveillance System:

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes
No
Don't Know/Not Sure
Refused

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

Yes
No
Don't Know/Not Sure
Refused

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Coverage Code: PLEASE READ
1) Your employer
2) Someone else's employer
3) A plan that you or someone else buys on your own
4) Medicare
5) Medicaid or Medical Assistance
6) The military, CHAMPUS, TriCare, or the VA
7) The Indian Health Service
8) Some other source

None
Don't know/ Not sure
Refused

There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:
1) Your employer
2) Someone else's employer
3) A plan that you or someone else buys on your own
4) Medicare
5) Medicaid or Medical Assistance [or substitute state program name]
6) The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
7) The Indian Health Service [or the Alaska Native Health Service]
8) Some other source

None
Don't know/ Not sure
Refused

Expected Periodicity

Annual.

Comments

The definition for persons with health insurance coverage based on data from the BRFSS is any person who reports that they are covered by a health plan through insurance from: 1) their employer; 2) someone else's employer; 3) a plan that the respondent or somebody else buys on their own; 4) Medicare; 5) Medicaid or Medical Assistance; 6) the military, CHAMPUS, TriCare or the VA; 7) Indian Health Service; 8) some other source; or they state they have coverage through a health plan but do not know or refuse to identify which type of coverage they have.

Persons who answer that they do not have a health plan, but identify that they have a health plan in the follow up question on the different types of health insurance coverage they could have, are considered to be insured.

Persons who state they do not have a health plan and do not identify any of the types of coverage (options 1-8) listed above are considered uninsured.

Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.

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10-2. Increase the proportion of persons who have a specific source of ongoing care.

RI Data Source	RI Behavioral Risk Factor Surveillance System
Measure	Percent.
Baseline	84 (2000)
Numerator	Number of adults aged 18 years and older who report having a specific source of care
Denominator	Number of adults aged 18 years and older
Population Targeted	RI civilian non-institutionalized adult population.

Questions Used To Obtain the RI Data

From the 2000 BRFSS

1. Is there one particular clinic, health center, doctor's office, or other place that you usuallygo to if you are sick or need advice about your health?

a. *Yes* GO TO 3
b. More than one place
c. *No* STOP
d. Don't know/Not sure STOP
Refused STOP

2. Is there one of these places that you go to most often when you are sick or need advice about your health?

a. Yes
b. No STOP
c. Don't know/Not sure STOP
d. Refused STOP

3. What kind of place is it?
Would you say: ***Please Read***
a. A doctor's office or HMO
b. A clinic or health center
c. A hospital outpatient department
d. A hospital emergency room
e. An urgent care center
or
f. Some other kind of place
g. Don't know/Not sure (DO NOT READ*)*
Refused

A hospital emergency room (d) is not included as a specific source of primary care.

Expected Periodicity

Annual.

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10-3. Increase the proportion of pregnant women who receive early and adequate prenatal care.

Rhode Island Data Source

Maternal and Child Health Database, Division of Family Health and Vital Records, Rhode Island Department of Health.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Measure	Percent of live births.
Baseline	91 (1997-99).
Numerator	Number of females receiving prenatal care in the first trimester (three months) of pregnancy.
Denominator	Number of live births.
Targeted Population	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	For more information on this measure, contact the Division of Family Health, Rhode Island Department of Health (401-222-2312).